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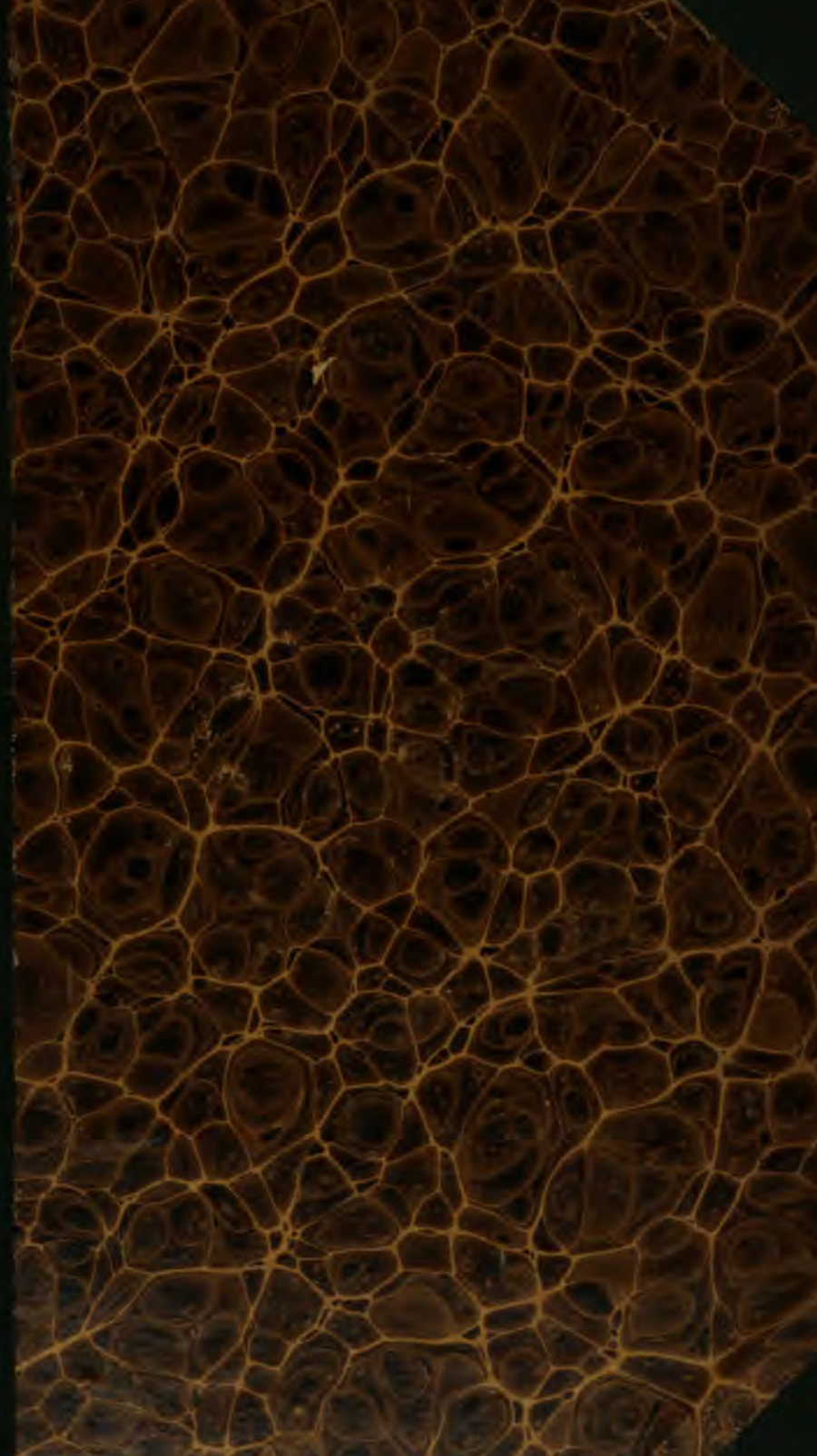
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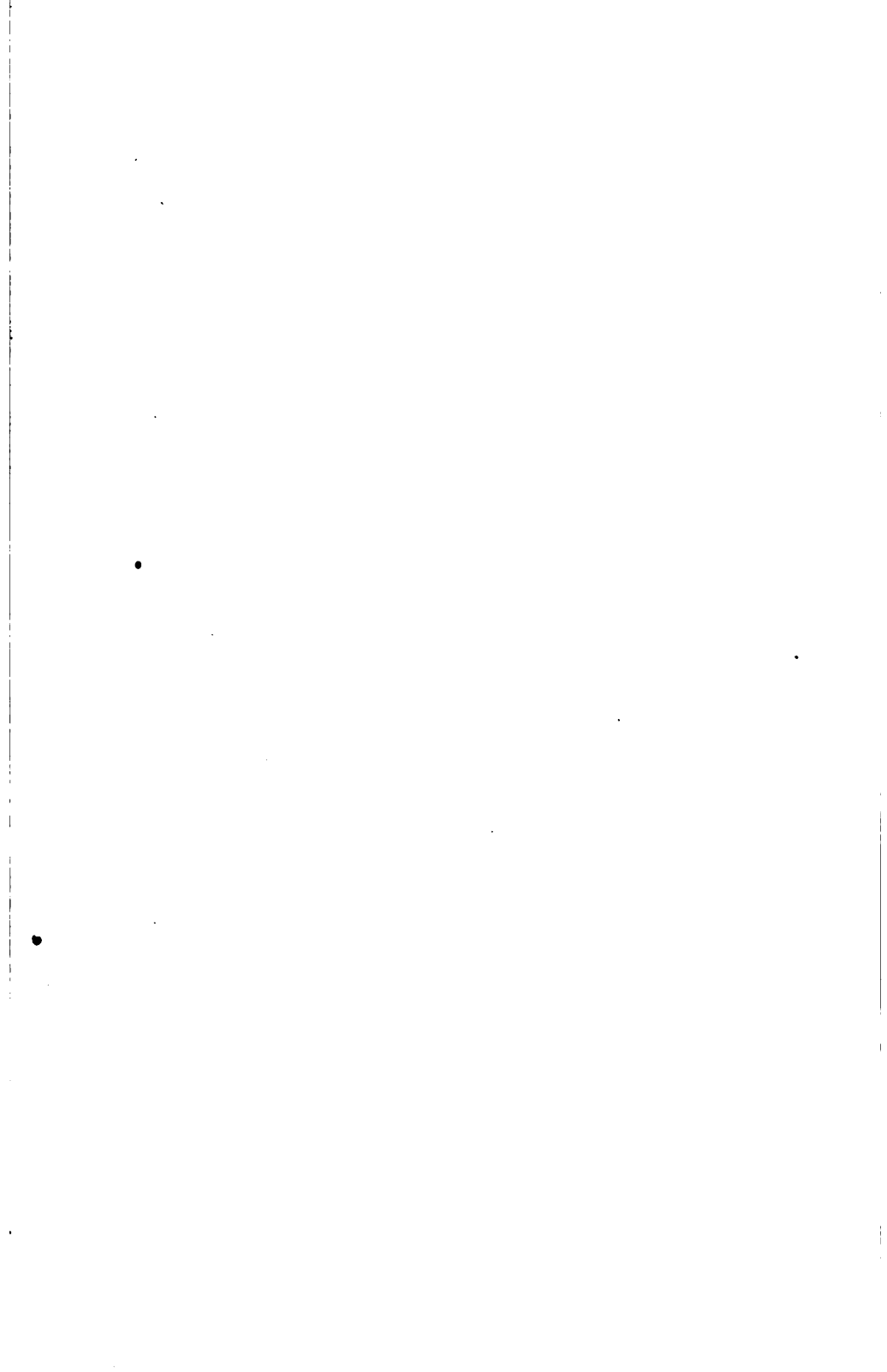


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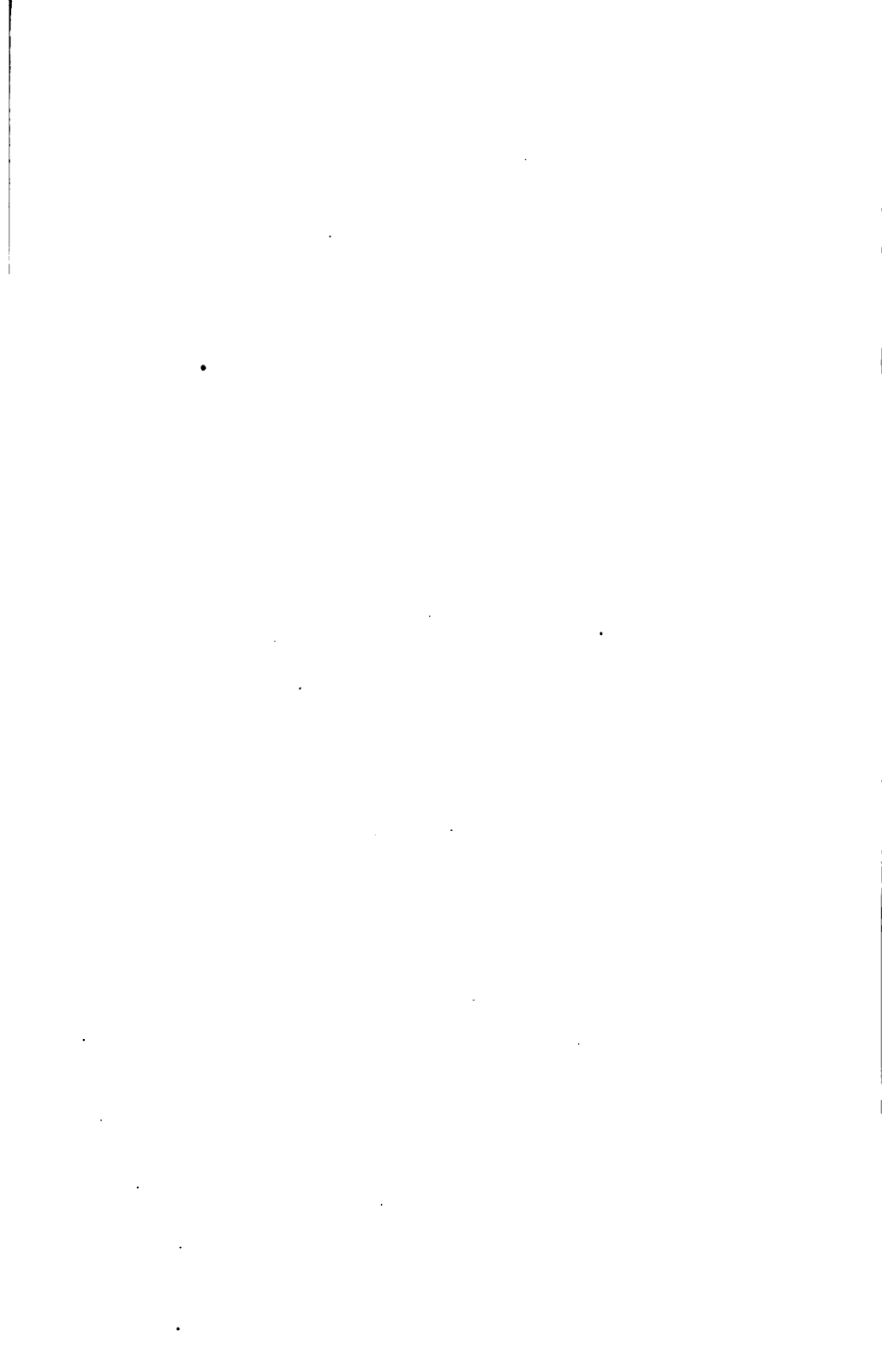
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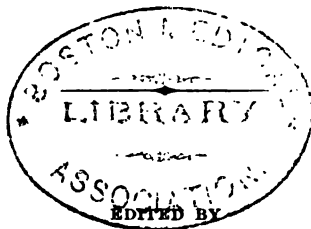






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AMERICAN  
MEDICAL JOURNAL

SAINT LOUIS.



GEO. C. PITZER, M. D.,

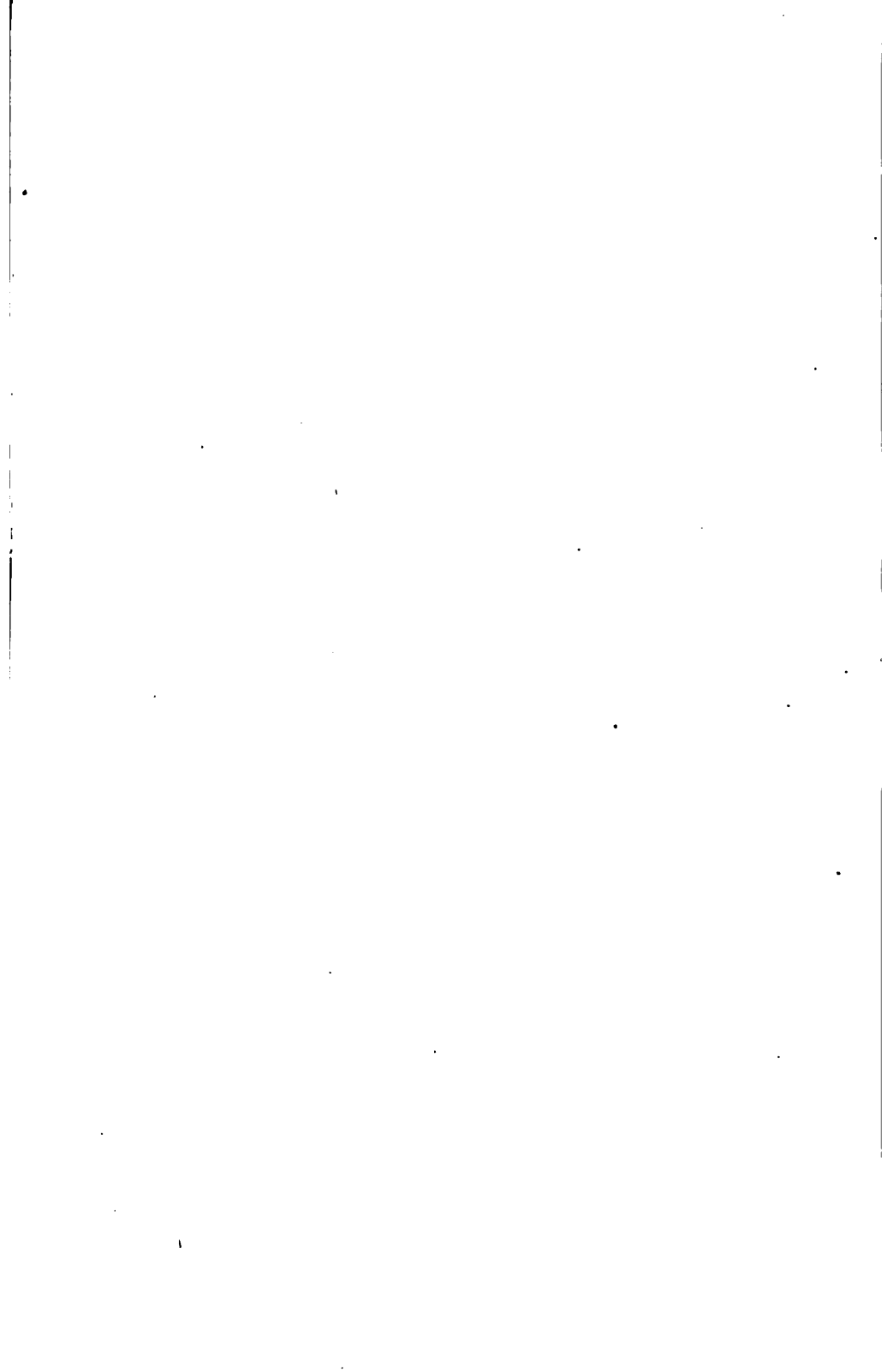
**Professor of the Theory and Practice of Medicine in the American Medical College, St. Louis;  
Clinical Lecturer at the City Hospital, St. Louis; Author of "Electricity in  
Medicine and Surgery," Author of "Direct Medication," and "Alcohol  
as a Food, a Medicine, a Poison, and as a Luxury.**

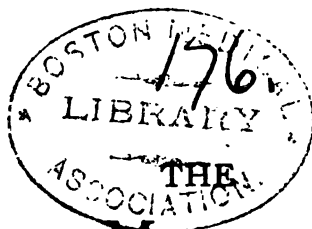
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# AMERICAN MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

### ART. I.—Varicocele.—By PROF. E. YOUNKIN, M. D.

The modern use of the term *varicocele* implies a morbid dilatation of the spermatic veins, but formerly this word was employed to designate a varicose enlargement, only, of the more superficial scrotal veins, whilst *cirsocele* was the term employed to denote the dilatation of the veins of the cord. Varicocele is a common affection, more so, indeed, than is usually supposed; a successful operation in a community generally brings to light cases not commonly known. The slight inconvenience, in many cases, are borne by the patient for a considerable length of time—sometimes through fears of exposure of some deed, recognized by the patient as an imaginable cause. When a young man is afflicted with varicocele there is usually a good deal of mental worry. But few care to part with the organs of generation or their functions. The patient desires to know the results of his disease; he fears an incapacity in performing his expected marital vows; he wants to know the prospects of cure, and the amount of danger there is in the operation.

There are certain occupations which favor the development of varicocele. Persons standing long upon their feet; riding in the saddle upon a long journey; heavy lifting; a severe injury or strain; excessive venery, masturbation, or an attack of acute orchitis may excite the disease.

Pressure upon the course of the spermatic veins, as in tumors,

hernia, impacted fæces within the sigmoid flexure, and improperly adjusted trusses, are capable of producing the disease. Varicocele consists chiefly in a dilatation, elongation and tortuous condition of the spermatic veins, and in the advanced stage the venous walls are thickened from chronic inflammation of the outer coat of their walls. The enlarged veins hang down even below the testicles and reach up into the inguinal canal, and may be so voluminous as to conceal the testicle. They may be arranged into two or three clusters, and added to these conditions there may be phlebolites lodging about the vessels, and atrophy of the testicle.

The left spermatic veins are those more usually affected, though sometimes the right side or even both sides may be involved. The reason the left side is most frequently involved is due to the following anatomical circumstance:

On the right side the venous blood passing from the right spermatic vein enters the vena cava inferior, and these veins join each other nearly parallel to their own axes, and thus, without hinderance, the blood enters the circulation; but on the left side the spermatic vein terminates in the renal vein, and that too at a right angle, thus meeting a degree of resistance from the current of renal blood, and receiving a lesser amount of hydrostatic pressure, whilst on account of the left spermatic vein being longer than the right, a greater amount of blood must necessarily be supported.

The left testicle hangs lower than the right, the vena cava passes to the right of the median line of the body, and the left renal vein opens into the vena cava somewhat higher up than the right. All of which serve to explain why it is that the left side of the scrotum is affected with varicocele more frequently than the right.

The period of life in which varicocele more commonly takes place is from the age of 15 to 25 years, though cases as young as 8 years and as old as 65 have been known. Persons afflicted early in life on the whole suffer more than those who are older, and the mental annoyance is often very much out of proportion to the actual disease, yet connected with spermatorrhoea and dyspepsia the psychological effect may not be entirely unfounded,

as there may be impairment of nutrition in the testicle, destruction of function, and pain of a neuralgic character, so excessive and intolerable as to induce patients to insist upon castration for their relief.

Varicocele, when slight, may remain stationary for a long time, neither increasing nor producing any great amount of inconvenience, in which the wearing of a suspensory bandage, the avoidance of fatigue and exciting causes, will usually arrest the disease; but if permitted to increase, it may prove a source of much annoyance and necessitate the more heroic measures for its cure.

It would seem that varicocele is easy of diagnosis, though some physicians appear exceedingly defective in the diagnosis of all scrotal diseases. Like hernia, varicocele increases in size when the patient is on his feet, and subsides spontaneously when in the recumbent posture. When the dilated veins extend into the inguinal canal, the external ring is enlarged, and the swelling receives an impulse on coughing as in a protrusion of the gut or omentum. Varicocele may impart also, to the sense of touch, a doughy and elastic-like feel as in the presentation of omentum.

The best mode of making the diagnosis is the following: Place the patient in the recumbent position and raise the testicles with the hand; the swelling soon disappears. Now the surgeon may press gently with his fingers on the inguinal ring, taking care not to press too hard upon the dilated veins, or the veins below will remain empty. The patient is now directed to rise while the pressure is maintained. If varicocele, the swelling appears below the fingers, but if hernia the descent is prevented. The swelling in varicocele begins from below upwards, but if hernia the swelling proceeds from above downwards. Connected with this test the dilated veins feel like a bundle of ropes, or earthworms within a bladder.

The treatment of varicocele in the mild form consists in keeping the scrotum well up, in order to diminish the length of the spermatic veins and the weight of the column of blood in them. I prefer in such cases the elastic suspensory, which must be well fitting to afford an even pressure, thus keeping the veins emptied as well as the contributing of the support above mentioned. The patient should accustom the parts to a bath of cold water night



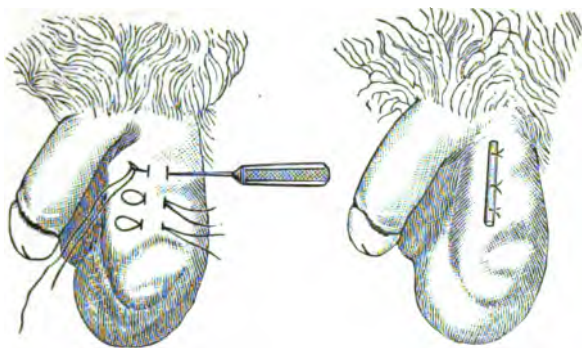
and morning. Everything which tends to determine the blood to the testicles should be prohibited—such as fatigue, excess in venery, etc. The bowels should be properly regulated and all constipation obviated.

Various modes of operating to obtain a radical cure have been practiced by different surgeons. Some surgeons are advocating the most heroic measures, such as castration, free incisions, etc., whilst others are content with ligation of the tortuous veins, either openly or subcutaneously.

The teachings of surgery bear us out in this proposition; that operations performed subcutaneously are not disposed to inflammation and abscess to the same degree as in open incisions. It is for this reason that we perform a subcutaneous tenotomy in talipes, or prefer to treat a simple fracture to that of the compound condition. If, then, this is the law, and if we can occlude the dilated veins in varicocele by the subcutaneous ligation, why should we not adopt the procedure? I can see no reason to adhere to the older plans when the newer methods bring better results; neither can I see the propriety of departing from some of the well established principles, except only as they are amenable to improvement. The figure of 8—ligature as first performed by Davat, and more subsequently by Velpeau, Jobert, Liston, Ferguson, and others, was a great improvement to the open-wound method as performed by Celsus, Home, and others.

The figure of 8 by means of pins was open to the objection—that of impinging upon the cutaneous nerves so as to give rise to pain, but this has always been considered of minor importance compared to the risk of all cutting operations. To obviate the cutaneous pain I prefer to make a subcutaneous ligation of the dilated veins, in the following manner:

I have had manufactured a needle, set in a handle, bulbed at the extremity, with an eye near the point. It is thinner in the shaft than at the point, so that it may pass without hindrance. The dilated vein is pinched up and held between the thumb and index finger of the left hand, and the needle is thrust through, unarmed, beneath the vein and brought out on the other side. Now the needle is threaded with a No. 1 catgut, made previously soft and pliable by soaking in a solution of boracic acid and



water. The needle is now drawn back and out. The thread or catgut is released from the needle, and starting again the needle is passed into the same puncture and pushed on, but passing this time over the vein and brought out in the same place as the former. The end of the ligature, not previously used, is now introduced into the needle and the needle withdrawn. Thus the vein is surrounded with the ligature; both ends of the ligature passing out at the same opening, which, if drawn, brings the loop beneath the skin, where it may be tied and the knot pushed beneath the skin, or the ligature may be brought through a quill or piece of bougie, as seen in the cut. As many of these ligatures may be applied as is deemed necessary to occlude the veins.

Thus we have an occult operation inducing only a phlebitis, with a limited zone of plastic formation passing across the lumen of the vein, preventing purulent matter, or the results of disintegration from entering the circulation. The parts are dressed antiseptically.

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**ART. II.—Powers of Deliberative Assemblies.—**By ALEXANDER WILDER, A. M., M. D.

The question is sometimes asked whether our medical associations do not often exceed their legal powers in the matter of discipline. It is a point in regard to which I am very sensitive. The right of the humblest individual is sacred, and cannot be trespassed upon innocently. Medical men, I am sorry to say, often seem

to have little or no respect for this principle. With the Old School, the possession of power seems to be authority for arbitrary action and every extreme of oppression and injustice. Their code is an intolerable outrage on manhood, and an atrocious barbarism.

The Eclectic School should not be regarded by its members as a subordinate branch of the medical profession. This is equivalent to a compromise or surrender of dignity. Nor ought they to resort to the Old School for precedents or usages by which to direct their own action. Common justice, as every right-feeling man apprehends it—the charity of the christian gospels—is Code enough for all honorable physicians, or for honorable men generally. I make no pretext of being liberal, except as the word means book-loving; I hate toleration.

The powers of deliberative assemblies, such as the National Eclectic Medical Association and its auxiliary societies and medical colleges, are worthy of careful study. The first of these is the inherent right to make and enforce its own laws and punish an offender. The extreme penalty, however, is only expulsion. The right also exists to give public notice that the person is no more a member. But the charges may not be published. They may constitute a libel and so entitle the expelled person to damages.

The right therefore exists to investigate the character of members. Hence, any member can be required to testify in such cases, under pain of expulsion in case of refusing. Where, however, the charge is against a member's character, it is usual to refer it to a committee to report upon. It is not necessary for the report to go into details, but it should recommend the action to be taken, and close with a resolution covering the case, so that nobody need offer any additional resolution for that purpose.

When the resolutions propose expulsion, they should fix a time to which the society should adjourn, and instruct the secretary to cite the member to appear and show cause why he should not be expelled. After charges are preferred, and the association has ordered him to appear for trial, the accused individual is deprived of all rights of membership till his case is disposed of. It is not proper to try a member at the meeting at which the charges are

preferred, except they relate to something done at that meeting. The accused person should be furnished with a copy of the charges, and a notice of the time and place of meeting at which they are to be considered. A failure to obey the summons is generally cause enough for expulsion.

The report of the committee is often the only evidence required against the individual accused. There may be additional evidence offered, however, and the accused should be permitted to make an explanation and introduce witnesses; and the usual cross-examinations and rebutting testimony are in order. No member should be expelled by less than a two-thirds vote of a quorum voting.

The By-law (IV.) of the National Association which regulates such matters reads as follows:

"Any member may be officially censured, invited to withdraw, or expelled from membership, for improper conduct or a violation of professional comity. But it is necessary for a specific charge to be made in writing and a copy presented to the person accused or some person acting in his behalf, and another placed in the hands of the president or secretary, one month before time of holding a regular meeting.

"All professors or officers of colleges voting and otherwise cooperating in the conferring of the degree of M. D. on any person not duly entitled to the same by the necessary attendance on medical lectures and thorough examinations, shall be considered as liable to the penalties enumerated in this article."

This, it will be seen, virtually embodies the principles as before cited, and constitutes an effectual protection against "such judgments," or proceeding against a man, without giving him an opportunity to defend himself.

The association has been but three times called upon to deal with members. In two of these cases the individuals were present at the time; in the other, he was absent, but aware of the accusations. Prompt action, if not unjust, is far less injurious to an accused person, than to live a year under charges.

"In acting upon the case," says Major Robert, "it must be borne in mind that there is a vast distinction between the evidence necessary to convict in a civil court, and that required to convict in an ordinary society or ecclesiastical body. A notorious pickpocket could not even be arrested, much less convicted

by a civil court, simply on the ground of being commonly known as a pickpocket; while such evidence could convict and expel him from any ordinary society. *The moral conviction of the truth of the charge is all that is necessary*, in an ecclesiastical or deliberative body, to find the accused guilty of the charges."

I have sometimes thought members a little inattentive to these little matters of detail. I am not partial to much discipline, but in favor of strenuous persistence to rigid conditions in the reception of members. If there had been no laxity in that regard, we would have few offenders to complain of. There has been, however, a marked improvement in the character of members admitted of later years. The conditions of the By-laws are more precise than formerly, and the Committees on Credentials more vigilant. The committee acting at Topeka deserves special acknowledgment for diligence, efficiency and a conscientious cautiousness. A comparison of 1871 with 1883 is enough to convince anybody. Nevertheless, the discipline is none too strict. Several associate societies are lax, and admit members that are unworthy. There is also a want of respect for discipline. I do not know that any of the individuals expelled by the National Association was at all prejudiced thereby in the State or local society to which he belonged. In 1869 a member was expelled from the Eclectic Medical Society of the State of New York—and our auxiliary society—by a four-fifths vote. Yet not many years after he was smuggled into another auxiliary society that was fully cognizant of these facts; and once or twice he has been named as delegate to the State and National Associations. The straight-forward endeavor to reopen the case, if there is merit in it, is carefully avoided.

Under such a state of matters, a discipline that shall be unduly rigid is not very likely, so long as only the powers which are inherent in all deliberative assemblies are exercised. It has never been intimated that the National Association ever transcended these, even when seeming to act too summarily.

Once or twice when these measures took place, certain medical journals cited the accusations as warranting the exclusion of Eclectics, and the diplomas of their colleges from favorable consideration. Indeed, the meanness which outsiders sometimes

display in this respect has tended, or perhaps been intended, to obstruct any wholesome action of the sort. The Eclectics would have disposed effectually of John Buchanan. But their adversaries, who are foul in a similar part, found the opportunity too good to cry "whore" first, and so did it.

It would not be wonderful if arbitrary action shall not sometimes take place. We are liable to human passion in such matters. Men are apt to succumb and yield their convictions in the presence of others of a commanding presence or manner. This evil is incident to every assemblage of human beings. It would be well for such to forbear complaining; what they yield to they are responsible for. Pusillanimity accomplishes more oppression and injustice than the most high-handed domineering.

There is reason to examine these matters closely as the tendency to more rigid discipline advances. Individuals who were considered eligible twelve years ago would not be admitted or retained at the present time. There is a demand for courtesy and just dealing, for such methods of doing business as honor and do not bring reproach on the fraternity; and even though, for various reasons, there has been great lenity in former periods, the instinct of self-preservation, as well as a regard for personal comfort and dignity, dictates that many crooked things which have taken place may not be allowed to occur again. The Eclectic School is a Practice of the Healing Art, not exclusive except in regard to right and wrong, and in no sense a wastebasket or slop-pail for the collection of refuse.

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### **ART. III.—Stricture of the Urethra, Impotence, and Electrolysis.**

—BY GEO. C. PITZER, M. D.

Stricture of the urethra is a surgical disease. It may be spasmodic or organic. The contraction may be found in any, or in different parts of the canal. It may be so limited as to attract but little attention, or it may greatly, even completely, obstruct the flow of urine, necessitating surgical interference for immediate relief. It is generally caused by inflammation of the mucous membrane lining the canal, which may come from gonorrhea, masturbation, or sexual excesses. Strictures are some-

times very troublesome, and may be followed by serious results.

In this connection, we would observe that one of the most lamentable consequences of stricture of the urethra is sexual weakness. Even in cases where the disease is limited, the patient not being aware that he has a stricture, impotency, or a condition bordering upon total loss of sexual desire and power, may be suffered. And in severe and protracted cases of stricture it is not uncommon for the patient to suffer from sexual weakness, if he does not become totally impotent. Any irritation in the urethra, about the prostate gland, in the testes, or even about the anus, continuing for any length of time, has a tendency to weaken the generative function. The reflex action upon the lower portion of the spinal cord results in exhaustion, or a condition called anæsthesia.

Regarding the frequency of urethral stricture, in connection with sexual weakness and impotency, Prof. S. W. Gross, in his great work, "Disorders of the Male Sexual Organs," holds that the most frequent variety of impotence, what he calls "atonic impotence," is generally induced by subacute or chronic inflammation and morbid sensibility of the prostatic urethra, which is frequently associated with stricture; and that these strictures frequently result from masturbation and sexual excesses, as well as from gonorrhea. Of the one hundred and seventy-one cases of impotency coming under Prof. Gross's observation, one hundred and fifty-nine depended upon urethral disease—inflammation, hyperæsthesia, or stricture.

Prof. Gross calls special attention to the fact "that inflammation of the prostatic urethra bears the same relation to the spinal reflexes of the male that the inflammation of the uterus bears to allied disorders in the female, and that it is a constant source of irritation of the genital nerves which terminate in that local ity. An enfeebled state of the lumbar division of the cord and exhaustion of the cells that minister to its reflex functions are thus finally brought about." Some of the cases examined had been masturbators, others had indulged in sexual excesses, while not a few had had gonorrhea. Prof. Gross holds, and this agrees with our own observations, that confirmed masturbation is just as sure to result in urethritis and the formation of a stricture as is

gleet. And we are sure that the same thing may result from sexual excesses. Of eighty-two masturbators who suffered from atonic impotence, and of ninety-one who had seminal incontinence—of one hundred and seventy-three in all—examined by Prof. Gross, only twenty-two were free from stricture. This shows the frequency of stricture in connection with and as a cause of impotency. In some cases two or three strictures existed, in others there was only one. In many cases the contraction was near the meatus, but the majority will be found in the prostatic portion of the urethra.

The fact is well established that impotence, in its various degrees—from a slight weakness to complete incapacity—is frequently associated with and dependent upon disease of the urethra. And where this is the case, especially where stricture exists, all ordinary plans of treatment for impotency fail to give permanent relief. We may prescribe coca, strychnia, phosphorus, etc., and apply electricity to the spine and glans penis, and may help the case materially, and but for the urethral disease we might restore the patient, but until the urethral disease is cured we need not expect lasting results.

These patients notice a ropy mucus following the discharge of urine. They may suffer from difficult or painful micturition. Nocturnal emissions, or daily incontinence of seminal fluid, are not uncommon. Sexual intercourse is impossible, or it is unsatisfactory on account of premature emission and sudden relaxation of the virile organ. This urethral disease *must* be cured.

It is a fact that some men suffer from urethral disease, and even from stricture, and never think about impotency; indeed, they may not be very much weakened, except temporarily from pain. But a sexual weakness is liable to obtain at any time, under such circumstances, and all this makes the treatment of urethral disease, especially stricture, of great importance.

Prof. Gross is an old surgeon, and he treats stricture, as nearly all surgeons do, by the application of medicaments through appropriate instruments, by the judicious use of sounds, and sometimes resorts to the knife. But we are electricians, and prefer electricity in overcoming and curing urethral strictures.

Of course, where the parts are very tender, and a high state



of inflammation is present, suppositories containing iodoform, or sugar of lead and tannin, or hamamelis, may be placed in the urethra once or twice a day for a while; and occasionally an opium suppository may be placed in the rectum to relieve pain, lessen sensibility and give rest. But for the radical cure of stricture, electricity is the remedy. No treatment yet devised is so successful in the treatment of stricture—spasmodic or organic—as electrolysis. In spasmodic stricture the faradic current cures by its relaxing power; but the great majority of strictures we are called upon to treat are of an organic character, and require the constant galvanic current—not the faradic.\*

From original papers furnished by Robert Newman, M. D., of New York, we glean the important facts regarding the treatment of stricture by electrolysis, as quoted in the following pages. Dr. Newman is reliable authority everywhere, and we take great pleasure in reproducing his reports, putting his methods in permanent form, for they are of inestimable worth. We are applying his treatment successfully, and cannot better present the subject than quote him verbatim:

Dr. Newman defines the specific action produced by electrolysis in the treatment of strictures as follows:

“My experience of its action, after observing it minutely in all its known relations, leads me to name this electrolytic action galvanic chemical absorption, and I depend mainly on the chemical decomposition caused by electrolysis.

“Next, I must define my term ‘absorption,’ as some may object to it as not definite enough, or understanding that it pertains only to the action of lacteals. But I believe I am justified in using the term, as Webster’s definition of absorption is as follows: ‘The process or act of being made passively to disappear in some other substance, through molecular or other invisible means, as the absorption of light, heat, electricity, etc.’ And such is the action exactly, as we will see hereafter.

“The negative pole acts as a caustic alkali. If increased tension is used, it will destroy tissue, but mildly applied it acts as a chemical absorbent on the altered tissue, and restores the part to its normal condition.

“The theory on which my first experiments were made, has been corroborated by an experience of some years, and proved

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\*See page 55, Pitzer’s Electricity.

to me that electrolysis in curing stricture of the urethra is of the most substantial value."

In all electrolytic operations, galvanic batteries with zinc and carbon elements, and an exciting fluid made of bichromate of potash, sulphuric acid and water, are greatly to be preferred; and the elements should be very small, or the arrangement should be such that the elements can be immersed in the exciting fluid to a limited extent—one fourth, or their whole length, at pleasure. Tension, and not quantity, is what we want in electrolysis.

The catheter or instrument used in the treatment of urethral strictures should always be attached to the negative pole, while a carbon electrode, covered with a wet sponge, chamois or flannel, may be held in the hand by the patient. The catheter or operating instrument employed by Dr. Newman consists of a metal rod, over which a flexible catheter is fixed, and cut off at its extremity for the attachment of a metal bulb, which is securely fastened by means of a screw point on the end of the rod. The bulb is egg shaped, about half an inch long, its length proportioned to its diameter. The flexible catheter acts as a perfect insulator, and at the upper or free end the instrument is connected with the wire from the negative pole of the battery.\* These are nearly the words used by Dr. Newman.

Regarding the physiological and therapeutical effects of electrolysis on mucous lining, Dr. Newman says:

"In describing the different degrees of quantity and tension of the current, the result of actual observation and experience, the salient points will be perhaps more intelligible if subdivisions be made.

"The contact of the positive pole with the mucous lining by a metal, bulb-shaped catheter, causes great pain. The electrolysis thus applied feels and acts similar to a strong vegetable acid, destroys tissue, and is not easily borne.

"But if the negative pole is used with the same electrode, no pain follows the application, provided the current is not too strong; it thus produces only a sensation of pricking and burning.

"a. If a limited electrolytic power be selected and applied

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\* These instruments are now kept in stock, ready made, of different sizes, by nearly all electrical supply dealers, and are called electrode bougies.

by the usual method, the current is gradual and slow in its action, and we observe—

"*First.*—The mucous lining of the urethra is often covered with an alkaline secretion. The electrolytic action coagulates it in a semi-solid mass. The same result may be observed if the albumen of an egg be submitted to the action of both poles.

"*Second.*—In the absence of this secretion, moisture only being present, a general stimulation takes place.

"*Third.*—Agitation.

"*Fourth.*—Lifting and loosening of epithelium.

"*Fifth.*—Attraction and disintegration.

"*Sixth.*—Coagulation of alkalies.

"*Seventh.*—The epithelium shrivels up.

"*Eighth.*—Detached and lost.

"*Ninth.*—Mucous lining dries, and gradually changes color from a pinkish red to white.

"*Tenth.*—At the commencement of the caustic action, absorption slowly takes place, tissue is absorbed and disappears.

"*Eleventh.*—The metallic extremity of the bougie insinuates itself in the deeper tissue, producing a depression; an aperture is made which forms a new passage.

"*Twelfth.*—The electrolytic action having made a passage, the albuminous secretions on the walls of the urethra are acted upon by the negative pole coagulating it, and bearing resemblance to boiling froth.

"*Thirteenth.*—By degrees a scab is formed.

"*b.* Electrolysis may become caustic in its action if too strong currents are used, destroying the tissue, leaving a denuded surface behind, which in the healing process throws out plastic lymph, fills up the cavity, and forms solid and adherent walls.

"*c.* If electrolysis of great power is used, it rapidly opens a passage. The perforation thus made forms a scab upon the walls of the urethra.

"My experience has proven conclusively that the means of curing stricture consists mainly in using *weak currents*; and mischief may be done by strong currents, which destroy tissue rapidly, instead of causing chemical decomposition.

"As seen by the foregoing, the two poles differ in their action, and therefore give different results. It further appears that the poles vary in their action with the material used. For example, by a general application with sponge electrodes, a certain result is obtained; the same current, similar in every way, will, by the use of a metallic electrode, become electrolytic. The faradic or induced current, as a general application, with the sponge electrode, is mainly used (and even preferred) to ascertain muscular contractility. Hence it is employed in paralysis, because it

vitalizes, and stimulates the muscles into activity, sustains the action of the heart, impresses the circulation, and exerts a powerful influence over the motor nerves.

"If the faradic current is employed with metal electrodes, or a sponge electrode as positive, and the bougie with metal bulb, as the negative pole in the urethra, it prevents, or cures spasmodic action; hence, is a cure for spasmodic strictures.

"It appears that the two poles are identical in their action, and manifest no significant difference, at least it is not so marked as in galvanization.

"The galvanic, or constant current, as a general application, may be used with more or less advantage or benefit in all cases (although the faradic is preferred as a general tonic and stimulant), and acts as such principally on the sympathetic, motor, and sensory nerves, and its effects to equalize the circulation are very significant. But if galvanization is used with metal electrode to obtain electrolytic action, the result obtained will be widely different.

"The positive pole will coagulate the blood, attract acid and oxygen: in fact, by a peculiar action the battery has yielded an acid product, which acts as actively and produces as painful and sloughing a sore as will the most powerful mineral acid, and leaves behind a hard and retractile cicatrix on the tissue with which it has been in contact; while the negative pole will dissolve blood, augments its fluidity, attracting hydrogen, coagulates albumen, attracts alkalies, and acts as a caustic alkali on the tissues, leaving behind a small, soft cicatrix, which is not retractile.

"Now, the knowledge of the foregoing facts is of paramount importance, and they are all the more essential, inasmuch as they happen to be the great factors with which we should be acquainted for the intelligent application of the method under consideration.

"*Method of Application.*—The first thing the operator will have to consider is, the pathological condition of the particular stricture he has to deal with. Next, to devise a plan for his future action, select the method he intends to employ, and the treatment he means to follow; what he wishes and what he can accomplish in a single seance, and what he reasonably can effect. He must know WHEN to operate, and the time that should elapse before the operation is repeated. The patient should not be subjected to pain.

"Of course no stereotyped rule can be laid down which should be followed by all alike. Each case depends on its own inherent peculiarities, and must be treated accordingly. The successful issue of each case depends entirely on the operator's choice of

method, and he should employ that one which offers the best chances of success, and which he deems the most effective.

"*First*.—Electrolytic action, by mild currents, from batteries united for tension, produces gradual chemical absorption, as before described. The current is gradually increased or decreased.

"Another method is a mixed operation. The passage is made by the action of a powerful electrolytic current, which may denude the surface of the urethra; the walls are kept apart to prevent adhesion. This indication is fulfilled by the introduction of the catheter immediately after the operation, and retaining it *in situ*.

"My predilections are in favor of the first method, and I use it because it is more desirable. If circumstances permit, I operate with it in preference to all others, because it is safe, and never has been followed by accident or ill effect. In fact it is the procedure here advocated, practiced and illustrated by cases. It is the method which treats the stricture through mild currents, by a '*galvanic chemical absorption*.'

"The mixed operation I only practiced when obliged to do so; that means, when the first method cannot be used with good effect, then the current must be increased. Only a very few aggravated cases will need this procedure. The after treatment must be conducted carefully, as the retention of the catheter in the urethra may cause irritation, cystitis and urethral fever. But even if it occasions, under very unfavorable circumstances, some inconvenience, it is preferable to the otherwise unavoidable perineal section, which, according to statistics, is dangerous. This method is particularly indicated, if the stricture is impassable and tough. The strong current may denude the walls of the urethra, and the plastic lymph thrown out will cause adhesions. To avoid such adhesions, the catheter is retained. The new entirely flexible rubber catheter is a great improvement for this purpose, as it is less irritating and self-retaining, thereby avoiding the dangers which might otherwise follow.

"*Examination of the Stricture*.—Stricture is a pathological condition of the urethra, which by alteration of tissue has narrowed its calibre.

"The object of surgical interference is the restoration of the urethra to its normal physiological and anatomical condition, which includes power, healthy action, and, above all, its form and natural calibre. This being accomplished, the cure is completed. The method which will accomplish this gratifying result with the least pain or inconvenience to the patient, with least interference with his daily avocations, is certainly the best.

"For all practical purposes, we may divide strictures in three classes:

"1. Spasmodic strictures; 2. Inflammatory strictures; 3. Organic strictures.

"Spasmodic strictures may occur as a consequence of irritation, venereal excesses, masturbation, excess of acid in the urine, pyelitis, diabetes mellitus, arthritis, cystitis, nervous debility, etc. I have already observed that spasmodic stricture is amenable to cure by the faradic current. This current is of much value if employed to confirm the diagnosis; but spasmodic contraction of the urethra, usually called stricture, is not *real* stricture, and has no bearing on, or relation to, the electrolytic treatment, and is here referred to merely as a comparison.

"The last two kinds of stricture are amenable to treatment by electrolysis. Both are generally the consequences of neglected acute urethritis, or the result of traumatic lesion. I have no intention to describe in this paper the different forms of strictures; I confine myself to the delineation of the last two. In the inflammatory stricture the calibre of the urethra is narrowed by the product of inflammation thrown out by exudation internal to the mucous lining. The case may be complicated by the presence of more or less granulations; whereas in organic stricture the calibre is lost by the pressure upon the altered parts, and heteroplasia of the deeper tissues. The knowledge of this pathological condition is a fact of much value for the intelligent and successful application of electrolysis. If this is understood, it necessarily follows that the organic stricture needs a stronger, and the inflammatory a milder current of galvanism in order to effect chemical absorption. Certain facts should be inquired into concerning the history of the case, such as the general condition of the patient, see whether inherited diathesis can be discovered, a peculiar dyscrasia, or if any complication be present at the seat, or anywhere adjacent to it. For example, if the stricture be complicated with cicatrices; if there be syphilis, or tertiary symptoms. If either of these complications be present, the case is not a favorable one for electrolysis. The patient, under these circumstances, needs first constitutional treatment.

"*Measurement.*—In order to ascertain with certainty the exact locality, length, size, etc., of the stricture, I generally introduce into the urethra a sound as large as the meatus will admit; by this manœuvre we ascertain at the beginning of our manipulation the normal calibre of the urethra. The sound is then gently pushed forward, until we reach the stricture; that being accomplished, we carefully note in inches, by actual measurement, the distance the first stricture is met with from the meatus. Next we ascertain how large a sound the stricture will allow to pass; at the same time an attempt is made to ascertain the length of the stricture. Having discovered the available sound, the explo-

ration is continued until the whole of the stricture has been explored. If any more strictures are discovered during the investigation, they are measured in the same manner as the first; a note of their topography is made and carefully recorded, because in all future operations the perfect knowledge of the localities of the impediments is of extreme importance for their proper treatment.

"After a careful and minute examination is made, and the state, size, etc., of the urethra duly noted, a plan of action and future treatment in accordance with the previous principles enunciated is decided on, and immediately carried out.

"*The Modus Operandi.*—*First.*—The susceptibility of the patient to the galvanic current is to be ascertained, and is accomplished in the following manner: The two sponge electrodes are grasped in the palm of the hand; the metallic slide is carefully and slowly moved onwards, cell by cell; the strength of the current is thus entirely under the control of the operator, and should be augmented until the patient feels a pricking sensation. The toleration with which the patient endures the current without inconvenience indicates the tension suitable for the operation, and may be varied according to circumstances; still, it should always be in accordance with the well-known laws and influences which govern electricity.

"The position which the patient should assume during the operation is a matter of slight importance; his own convenience should be consulted; he may either stand or sit, or may lie on his back with his knees drawn upward. In my practice the patient generally stands in front of me. Anæsthetics are not used, because I deem them unnecessary. On the contrary, I want the patient conscious, so that I may have the advantage of his statement as to the sensations experienced, during the progress of the operation, which, if rightly performed, occasions no pain.

"One of the bougies with metal bulb, as already stated, is now taken up; the size to be selected will depend on the method determined upon.

"If the stricture is not too firm or fibrous, I generally commence with a bougie which is three or four numbers larger than I judge the stricture to be, and on the well based supposition that the current will, through its peculiar action, absorb the stricture to such an extent, that the dilatation it produces will be equal to the difference of three or four sizes.

"Having ascertained by actual measurement the locality of the stricture or strictures (if there be more than one), I push a small India-rubber ring over the bougie for each of them. This little manœuvre has many advantages; not the least important is,

that I am made aware as soon as the India-rubber ring arrives at the meatus, that the extremity of the bulb must be in contact with the stricture.

"Having the plan of the urethra through actual measurement before me, I operate with additional certainty, and beyond a peradventure, as to the part which is acted upon.

"The operator of some experience in this kind of manipulation is always made perfectly aware by digital touch where the sound is, at any time during the operation. The bougie, well lubricated, is now connected to the cord electrode of the negative pole, and then introduced into the urethra down to the first stricture; a sponge electrode is attached to the positive pole of the battery; the current is completed by placing the sponge either over the superpubic region, the thigh, or inner aspect of the patient's hand. I prefer the latter, because it is more pleasing to the patient, without weakening the effect of the negative pole. The current should now be very slowly and gradually increased, one cell at a time, or still more divided by resistances, until the patient feels there is a certain strength in the current. The galvanic current should never be so strong as to cause either pain or a burning sensation; because, in that event, the current in its action would approach the galvano-caustic, instead of the electrolytic, which is not contemplated. Generally the power from eight cells is adequate, and will fulfill all the indications, and be found sufficient to overcome and penetrate the stricture. It will be found that an application of three to five minutes will be enough to make an impression; less time may answer for the bougie to advance and slip through the impediment.

"During the whole of the operation, the bougie must be held loosely and gently in its place against the obstruction; all pressure or force, however slight, must be avoided. The bougie will take care of itself, doing its own work by the electrolytic power its action involves; whereas, pressure would not only defeat the object and purpose of its application, but expose the patient to serious danger from hemorrhage, or even rupture of the urethra.

"The operation being completed, care should be taken to reduce the battery to 0, by gradually moving the slide back to the starting point, cell by cell, and only one at a time. When the slide is returned to the point from which it started, the current should be interrupted.

"It will be observed that on withdrawing the bougie electrode, there is found surrounding its metal bulb a frothy, yellowish mass, which bears a strong resemblance to coagulated albumen. This product is part of the stricture, which has been decomposed by the electrolytic action of the battery. There are failures on record, but in my opinion this want of success is mainly due to a



too prolonged or to a too frequent application of the current, and to the causes previously enunciated. The applications, to warrant a successful issue in any given case, should be repeated at intervals of at least two weeks, and in some instances a longer period should elapse before I would repeat the operation. However, if all things are favorable, and circumstances give me absolute control of the case, I would prefer a period of four weeks to intervene between the operations. This treatment must be continued until the urethra has recovered, and resumed its normal calibre, whatever this may be. As a rule, every patient may be well satisfied if his urethra admits a No. 12 English sound, and has no reason to complain that a stricture is troubling him. But if a large man has a normal urethra, the calibre of which corresponds to a sound No. 15 or more, our treatment with electrolysis must be continued until the size of such urethra is sufficiently restored to correspond with the normal calibre. At times I have found a normal urethra of the size of No. 11, the meatus even a little smaller, admitting the No. 11 sound only after careful stretching; and it was clearly proven that such urethra never had been larger. In all such cases I am well satisfied with a restoration to size No. 11, and would not think of enlarging such a urethra any further.

"The question may be raised here, whether our treatment is ever followed by urethral fever, cystitis, or any other complication. To this I answer, that during the three years in which I practiced the *first* method, I never had any untoward symptom. But any complication may arise if either the patient or the operator give cause. Urethral fever is caused by a rough handling of instruments, or an over-exertion of the patient after the operation. Avoid the causes, and you will have no consequences. For this reason only I recommend the first method; but the mixed operation must be employed in certain cases, in order to avoid more dangerous means, which is the more justifiable, since Dr. Bumstead, in his excellent work, admits that 'either of the modes of treatment (of stricture) now described, may be followed by rigors and other unpleasant symptoms, which are known as urethral fever.' To illustrate this, I will now narrate an interesting case, in which circumstances forced me to practice the mixed method in order to avoid the more dangerous perineal section."

[TO BE CONTINUED.]

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### **Hoarseness.**

Sugar pellets medicated with tincture of Indian turnip and allowed to dissolve on the tongue. ●

**ABSTRACTS.**

**Iodoform in Chronic Cystitis.**—By DAVID PRINCE, M. D., Jacksonville, Ill., in the *St. Louis Medical and Surgical Journal*.

Having given to the readers of the *Journal*, for November, 1882, a short paper on the use of iodoform in the treatment of wounds, I now wish to call their attention to its use in chronic inflammation of the bladder.

One of the most troublesome elements of this disease is the perpetuation of a septic condition, arising, spontaneously, in the pus secreted from the mucous membrane, the decomposition creeping along the urethra and affecting the purulent material imperfectly discharged, and finally reaching the bladder, or arising from decomposing material introduced by an impure catheter.

The perpetual irritation keeps up the contraction of the muscular fibres of the bladder, while the irritated condition of the mucous membrane, acting in a reflex manner, secures painful contraction, even after the contained urine has been expelled.

Theoretically, we ought to find the benefit from those agents which subdue inflammatory action on other surfaces, but, practically, the irritation occasioned by the introduction of a catheter, and the temporarily exciting nature of the material injected, have often led to disappointment.

The medication of the urine by medicine taken by the mouth results in such a dilution of the agents in passing through the blood that they become feeble means of subduing inflammation.

They probably act chiefly through their antiseptic properties, or through the changes they effect in the constitution of the urine.

External surfaces, in a state of chronic inflammation, have their conditions changed by the application of nitrate of silver.

Following this suggestion of Dr. T. G. Richardson:\*

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\* Dr. T. G. Richardson, in the *Medical News and Library*, Philadelphia, June, 1878, advises the injection into the bladder of twenty to sixty grains of nitrate of silver in an ounce of water.

Dr. J. N. Thornton, in H. C. Lee's *Monthly Abstract*, for July, 1878 (from the London *Lancet*, June 1, 1878), recommends an acid solution of sulphate of quinia.

I had formerly some success by the injection of a strong solution of nitrate of silver, immediately following it with a solution of chloride of sodium, in order to secure a complete neutralization of the redundant portion of the nitrate. This application always occasioned some pain, though followed by relief in a few minutes.

Reasoning from the knowledge of the action of iodoform upon other irritable surfaces, it seemed probable that the effect might be equally good on the bladder. For the most satisfactory effect, it seemed desirable that the vehicle should itself be free from irritating properties. Starch was thought, from its unirritating nature, to meet the requirements, and the result justified the anticipation. Five grains of iodoform, ground with twenty-five grains of starch, and moistened with forty cubic centimeters of water, of which fifteen cubic centimeters were injected, acted like a charm on the first trial. A soft catheter was introduced, through which the urine remaining unexpelled was discharged, after which the iodoform mixture was injected and allowed to remain.

In the treatment of a case, of several years duration, in a young woman, the recovery is rapidly progressing. In this case there had come a stricture of the urethra, probably through reflex spasmodic action, and in introducing the dilator for enlarging the urethra, it was punctured, the dilator passing into the vagina. The dilator was withdrawn, and passed in the right direction, and the stretching was then effected, as if no accident had happened. The iodoform injection was next made. The rent appeared to heal by first intention, as there was never any symptoms of its presence. There has since been no resistance to the introduction of the catheter, through which the mixture is daily injected.

In the case of a gentleman, who had suffered greatly for several years, there was no pain after the first introduction. He thought, after four days treatment, that the capacity of his bladder had been doubled.

It is suggested that the treatment of moderate strictures of the urethra, accompanied by vesical inflammation, may be advantageously managed by a precursory treatment with iodoform and starch, after which the treatment by electrolysis and the mechanical means for dilation may be employed.

It is anticipated, from this experience, that the treatment may be employed for gonorrhœa.

The employment of pencils or bougies of iodoform in gelatine has been very satisfactory, but their retention cannot be prolonged beyond the first act of micturition. In the employment of the first injection, it may be expected that the iodoform will not be completely expelled by the first passage of urine, on account of the adhesion of the heavy crystals of iodoform to the mucous membrane.

[We have the greatest confidence in Dr. Prince's plan of treatment, for we know the good results of iodoform used in other and similar cases. Where they can be retained, as in the vagina, cervical canal, and cavity of the uterus, iodoform suppositories give the very best of satisfaction; here they are very much better than injections.—EDITOR.]

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#### **Boracic Acid in Cervical Endometritis.**

Mrs. H., two years ago, after the birth of her fourth child, developed an acute endometritis. As soon as the nature of the trouble was determined, I commenced treating her at once with a solution of acid carbolic and liq. ferri subsulph., Monsell's solution. The os was patulous, readily admitting of medication. This treatment gradually improved her condition, and at the expiration of two months I discharged her as cured. She remained in perfect health up to within about three months of present writing. About this time she called at my office, presenting many of the symptoms of her old trouble.

Examination with the aid of a speculum revealed all the old symptoms greatly exaggerated. I at once resorted to my former method of treatment, but each time with negative results. I went through the whole list of remedies used in such cases, without any apparent change; indeed, it seemed each application only intensified matters. It finally occurred to me that perhaps milder means would prove more potent, and therefore boracic acid was selected as being the best thing to fill all the indications. The first application was made by moistening a hair pencil, and covering it with the powder. This was then carried

as high up as possible, applying the same to the convexity of the neck, there being a good deal of excoriation at this point.

At my next visit, four days subsequently, I found such a decided change for the better that I determined to continue in the treatment. This time, however, I pursued a different course. Instead of using a small amount of the powder, I packed the cervix as firmly as admissible with the acid. Withdrawing the speculum, I directed the patient to elevate the hips, and remain in that position two or three hours, believing by this means some of the acid as it dissolved would naturally find and medicate the parts above the cervix.

One week from this date, I made the third examination, and to my surprise found no trace of inflammation. The patient informed me she could hardly realize the change of so short a period.

I have often observed in acute inflammatory condition of the mucous surfaces, notably pharyngitis, that astringents and caustics oftentimes aggravate the trouble, but, on the contrary, a mild application or gargle, either of hot water, or hot water and milk, equal parts, gives almost instantaneous relief. This same rule can, I think, with equal success be applied to uterine therapeutics.—W. H. DEWITT, in *Lancet and Clinic*.

[NOTE.—Suppositories containing boracic acid are what we want for such cases.—EDITOR.]

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### **Locomotor Ataxia.**

Locomotor ataxia (disordered locomotion), is a variety of paralysis which affects both motion and sensation; and is not confined to motility as its naming implies. The seat of the disorder, especially in syphilitic cases, is usually in the cauda equinæ; and its manifestations are in the thighs, legs and feet. The disease is clearly a neurosis, and comes from a hardening—sclerosis—of the posterior columns of the spinal cord. It may extend upward until the brain is involved, and general paresis occurs.

The motor paralysis is attended with inability to co-ordinate the muscles efficient in standing and walking. A peculiar feature of the crural paresis is a pronounced tendon reflex of the

quadriceps femoris when it is struck just above the patella. The tendinous jerk comes from the unrestrained response to a shock.

The paralytic disorder may come on suddenly, or gradually and insidiously. The initial manifestations are usually sharp, shooting, and spasmodic pains. These, by the inexperienced, may be interpreted as neuralgic or rheumatic, but are characteristic of paralytic states or conditions.

In addition to the muscular paralysis there is diminished sensibility in the skin and structures of the lower extremities. The bowels become constipated; and the bladder has to be evacuated with a catheter.

The feet feel to the patient as if the soles rested on cushions, or were pressed with cold or heated substances; and they are raised too high in attempts at walking, making the gate grotesque.

The æsthesiometer indicates that when two points, widely separated, are touched, the patient feels only one. Besides, impressions made on the feet and legs are not felt for some seconds. This demonstrates that the speed of transmission, from the extremities to the brain, has been slowed or retarded. If the feet be placed in very hot water, the skin may be scalded before a burning sensation is experienced.

A characteristic of the disordered motility is that the patient may bear his weight on his feet and legs, yet he can not take steps. While attempting to walk, he readily trips and falls, especially if he do not see well or have a rail or a stable guide to follow.

Another notable feature of the disease is that the patient loses the ability to touch any part of the body it may be desirable to reach. If it be a wish to titillate the ear, the little finger can not be made at once to enter the aural canal. Purposes are formed, but the will can not make the benumbed muscles execute its designs. A man with locomotor ataxia can not direct his foot to a carriage-step or to a stirrup. If he walk far, he becomes tired; and if he talks long upon an engaging topic, a sense of mental exhaustion is felt, hence prolonged efforts of any kind are to be avoided. A person paralyzed is apt to be peevish; and to demand constant attention. Rubbing and combing and brushing,

serve to soothe, as well as to beguile the tedium of slowly passing hours.

An individual affected with sclerosis of the spinal cord at the roots of the brachial flexus of nerves, can not discover the difference between unequal weights placed in his palms; nor can he execute delicate manipulations with his fingers. He writes with a scratchy hand; and if the brain has begun to be affected, he drops letters out of words, and words out of sentences.

If the neurosis extend to a considerable portion of a cerebral hemisphere, the convolution of Broca is liable to be impressed, so that aphasia becomes a feature of the mental overthrow. Incoherency of speech is a manifestation of imbecility; and senile locomotor ataxia is likely to terminate in dementia. Locomotor ataxia arising from a syphilitic invasion of any part of the cerebro-spinal axis may be arrested in its progress, and partially if not substantially cured. However, for much curative progress to be made, the patient must be under fifty, and be endowed with more than ordinary recuperative energy. In the majority of instances the disease is progressive, no scheme of medication producing a favorable impression which is lasting.—*Prof. A. J. Howe in Eclectic Medical Journal.*

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### **Alcoholic Degeneracy.**

Alcoholic degeneracy, or mental and physical decline brought about by the prolonged use of spirituous liquors, differs from the paralysis locomotor ataxia. The body of a drunkard totters and trembles, and the mind forgets, falters and cringes. A man who drinks repeatedly can not ascend long flights of stairs without suffering from a sense of physical exhaustion; and he can not endure prolonged mental strain. While under the influence he may plan cleverly enough, and think brighter thoughts than he usually does, yet mental work of the kind is not held in high esteem during a lucid review.

A man who indulges largely in drink becomes careless of his social standing, and fails to appreciate the needs and desires of those depending upon him. He may underrate the worth of a child at home, and overrate that of one away, or *vice versa*.

Drink lends excess of coloring to some ideas, and imparts dullness to others. Alcohol renders the brain more and more incompetent as a thinking and reasoning medium.

A drinking man loses purpose and force of will, so that he at length drifts along, as circumstances direct or permit. He is apt to become morose, dejected, and offensive to his family and friends. He is suspicious of all except a few boon companions; and in them he places undue confidence—he is more or less demented. He is physically sick, for he takes irregular meals and possesses an alcoholic stomach that will not efficiently digest food. Through feebleness his gait becomes unsteady, his hands tremble, yet unless a state of *mania a potu* be reached, the tremor is not so pronounced as that of paralysis agitans.

In not rare instances inebriates become wholly demented. They may so slowly degenerate, physically and mentally, as not to exhibit grades or degrees of decline from day to day, yet a year of acute and chronic inebriation will make a marked change for the worse in any man. The moderate drinker may escape a precipitous fall, yet in the course of years he too will be conscious of physical and mental degeneration that can not be logically ascribed to other causes of decline.—*Prof. A. J. Howe in Eclectic Medical Journal.*

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**Mangifera Indica.**—BY M. F. LINQUIST, M. D., NEW HAVEN, CONN., READ BEFORE THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

My own experience with mango, the *Mangifera Indica*, as a therapeutical agent, has been of so satisfactory a character that I have ventured to introduce it to the notice of medical men. There have been so many new remedies offered within a few years past, with all manner of virtues, real and imaginary, imputed to them, that it is a delicate matter to take such a step. I have no other interest in the sale of this article, however, than what is incident to the good it will do to patients and the benefit which the physician who prescribes it will derive. I insist upon my proper amount of credit, however, as the first to introduce the drug through Thorp & Lloyd Brothers, of Cincinnati, Ohio. It is also manufactured by Parke, Davis & Co., of Detroit, Michigan.



A very full description is given of *Mangifera* in the *Supplement* to the *American Dispensatory*, by Professors King and Lloyd.

I have used this drug in practice for more than ten years with entire satisfaction. It is an astringent of peculiar energy. The bark contains tannin, but it differs from tannic acid in not producing constipation. It can be administered during active inflammation without danger; and may be employed therefore with advantage in cholera, typhoid fever, cholera infantum, diarrhœa and all disorders characterized by evacuations from the bowels.

My first experiment with mango was in a case of uterine inflammation and ulceration of the cervix. I employed the fluid extract at full strength to paint the ulcerated surface, and made a weak solution for injection. I have been able since that time to treat successfully the most obstinate affections of this character. I am certain that in gynæcological practice the *Mangifera* is a valuable agent, lessening catamenial pain, curing leucorrhœa, diminishing profuse menstrual discharge and correcting the various disorders involved.

For nasal catarrh I have found a weak solution, applied with the spray atomizer, to be the best remedy that I have used. It is a superior internal remedy for hemorrhages of the uterus, bowels or lungs, and in mucopurulent discharges.

It is perhaps the most serviceable in diphtheria. I do not assert that it will, unaided, cure all cases of this disease; but that I know of no remedial agent in the whole *Materia Medica* that will as fully meet the requirements.

I apply the fluid-extract in full strength to the fauces with a camel's hair pencil, and use a weak solution as a gargle.

Prof. Howe says: "I have found the *Mangifera* of marked service in the treatment of profuse and exhaustive menstrual fluxes. In uterine hemorrhages following miscarriages, the agent exerts a powerfully restraining influence upon the hemorrhagic waste. In the sanguineous loss which often occurs about the change of life, and when uterine tumors are developing, the *Mangifera* is a most potent and reliable medicine ever introduced to the notice of the medical profession. I prescribe the fluid-extract in four or five-drop doses every three or four hours. In a

short time the influence of the medicine is observed, and in a few days the desired effect is reached. No remedial agent of so great a value has been introduced to the profession for the purposes named. It is as near a specific for profuse menstruation and uterine hemorrhage as may be desired. I might report ten or twelve cases in which the medicine exerted just such an action as was wished."

Prof. Goss says of it: "I have tried the fluid-extract of *Mangifera Indica* and find it to be an astringent of superior power. There is a property in it not found in ordinary astringents. I had a case of chronic diarrhœa of long standing attended with indigestion, debility and much pain in the umbilicus. I suspected ulceration and gave the patient hydrastis and bismuth, but with only partial relief. About this time I secured the *Mangifera Indica*, and put the patient upon it and cured the diarrhœa. I have now waited for several weeks and find the effect so far permanent. I am much pleased with it, and predict that it will prove a valuable acquisition to our list of astringents."

*Mangifera* is also of great value in antiseptic treatment. Whether it is employed internally or externally it exerts a therapeutic influence decidedly antagonistic to putrefaction. It is likewise rapid in its operation and more certain in its effects than very many other medicines.

It has the following advantages in the prescribing: The dose is small and easily swallowed. The drug has no disagreeable taste, and does not disturb the stomach. It is therefore well suited for infants and persons fastidious in such matters. Hoping that my professional brethren will give the remedy a trial and ascertain its value from their own standpoint, I have presented it to their notice.—*Chicago Medical Times*.

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### **The Treatment of Epilepsy.**

We have successfully employed for more than fifteen years in a large number of cases of epilepsy the following course of treatment, and we are convinced from the numerous cases in which we have employed it that it possesses as much or more value in controlling, and in many cases entirely relieving this terrible dis-

ease than any other. We always prescribe a good active cathartic, combined with some anthelmintic, and prescribe each day sufficient laxatives to keep the bowels soluble, and give the following: *R.* Ammonia bromide, 2 oz.; élixir valerianate of ammonia, 2 oz.; fl. et. stramonium., 1 dr.; glycerine, 2 oz.; syrup anranti cont., 4 oz.; aqua dest., 6 oz. *M. Sig.* Tablespoonful before meals.

We also prescribe at bed time from 30 to 60 gr. of potassium bromide. This treatment I have found to be successful. We have had some cases where other remedies had failed when the prescription as above recommended has succeeded in at least controlling the disease; but do not think that every case will be benefitted by this treatment, as we know that there are many cases which are incurable and no treatment will relieve. We have always been opposed to the physician who had a specific for every ailment, as we think the true method is always to prescribe according to the indications. We must study our cases well and watch every symptom, and prescribe according to the indications. My old esteemed friend and former colleague, Prof. W. H. Gobrecht, employed in the treatment of this disease the following: *R.* Sodie bromide, 2 oz.; zinc bromide, 32 grs.; glycerine, 1 oz.; aqua cinnamonia, 7 oz. *M. Sig.* Tablespoonful three times a day in a half wine glass of water.

This is an excellent prescription, not only useful in epilepsy, but in many diseases of the nervous system, especially when persons are sleepless and restless at night. One or two doses of this medicine will quiet the most excited lunatic.—*Fort Wayne Jour. of the Med. Sciences.*

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### Piles.

Dr. Wm. H. Veatch, of Carthage, Ills., gives the following answers to questions put to him regarding his method of treating piles by hypodermic injection:

Q.—What is the exact formula which you have found most suitable, and least painful in the treatment of both internal and external piles?

A.—Acid carbolic; Glycerini, ~~55~~ 1 fl. ounce; Morphinae sulph.,

8 grains; Aquæ dist., 2 fl. ounces. M. Sig. Inject from five to ten drops into each tumor once in two weeks.

Q.—Do you inject more than one tumor at each treatment?

A.—In nervous persons, who are easily hurt, and complain of very slight causes of pain, I inject but one at a time. But frequently I inject all at once, if there are half a dozen (as in case No. 2 in report of typical cases).

Q.—What is the difference in pain in internal and external piles?

A.—External tumors are always much more painful under the operation, and are much longer being absorbed.

Q.—Do you ever have ulceration follow the injection of carbolic acid?

A.—Occasionally tumors suppurate and discharge considerable quantities of pus, just as they frequently do without an operation of any kind; but these pus sacks usually granulate and heal with but little difficulty.

Q.—How long does it take to cure a case of piles, either internal or external?

A.—I give great latitude in this regard. They have run all the way from five days to five months. A great deal depends on the length of time the tumors have existed.

Q.—Do the tumors ever return after being cured by your plan?

A.—No. When the tumor is once cured the vein at that point is obliterated and cannot fill again; but obliterating the vein at one point will not prevent a tumor from forming in any other part of the vein.

Q.—What length of time do patients suffer after treatment?

A.—This depends in a great degree on the condition of the tumor, the sensitiveness of the patient, and the strength of the solution used. Ordinarily the first twelve hours puts an end to the pain, *i. e.*, the pain consequent upon the treatment.

Q.—What instruments are necessary for the successful examination and treatment of piles?

A.—The finger and the eye are all you want for an examination of any case. A two-valve speculum, a tenaculum and scissors, a camel's hair pencil and a sponge are all the instruments

you will require, besides your syringe, to treat any case of true hemorrhoids.

Q.—Can you cure piles and allow your patients to go about their ordinary work?

A.—I can now call to mind only two cases who went to bed in consequence of the treatment. Almost all say that the pain of treatment is not to be compared to the pain they have suffered during the inflammatory stage of the recently filled tumors.

Now I will say to one and all, that the disease is to be treated as all other diseases must be, by the expenditure of a good proportion of common sense, and if one does not understand it he had better keep hands off. Always remember Prof. Andrews' admonition, "This nor no other plan is exempt from danger when practiced by ignorant men."

First, understand the nature of the parts diseased. Second, understand the disease you are attempting to cure. Third, understand the nature of the remedy you are making use of; and fourth, understand how to apply them. With these simple rules in view one can scarcely do harm.—*Peoria Medical Monthly*.

### **Bromidia.**

Dr. H. H. Powell, Professor of Obstetrics and Diseases of Children, Cleveland Medical College, Cleveland, Ohio, says: "I have *quite frequently* used in my practice Bromidia, and *think highly of it as a hypnotic*, especially for children. I began its use first in my own family, and *soon appreciated its value*. It acts *promptly*, producing *refreshing sleep*, without *suppressing the secretions* or followed by the frequent disagreeable after-effects of opium."—*Columbus Medical Journal*.

### **Corn, Wart and Bunion Cure.**

Mix  $3\frac{1}{2}$  fluid ounces of alcohol with  $12\frac{1}{2}$  fluid ounces of sulphuric ether, and in it dissolve 200 grains of gun cotton (pyroxylin.) This will require a day or two for solution, and then add to it 2 ounces (avoir.) of salicylic acid, and, when this is dissolved, 1 ounce (avoir.) of chloride and zinc. Keep it tightly stoppered and away from light and fire.—*The Formulary*.

## *EDITORIAL.*

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### **Stephen H. Potter, M. D.**

The readers of the *AMERICAN MEDICAL JOURNAL* are familiar with the name of Dr. Potter, as he was for years a regular contributor, and many of our subscribers knew him personally.

Dr. Potter died at his home, in Hamilton, Ohio, Dec. 9th, 1883, at 3 o'clock A. M.

We glean the following items from the city papers of Hamilton, and have every reason to believe them to be correct.

"Dr. Stephen H. Potter was one of the oldest physicians and surgeons of Hamilton and vicinity. He was born in Cortland county, New York, November 10, 1811. His parents were Stephen and Lydia Potter, who were noted among the early pioneers of central New York for their enterprise, industry and integrity. Until his 17th year he was occupied on his father's farm, attending the common schools about one-third of the year, his parents giving him time which he employed in improving his education, working in summer and teaching school during the winter.

"At the age of 21, in March, 1833, he was employed as principal of a high school at Canadaigua, Yew York, with three assistants, remaining there successfully for two years and four months. The next September, after engaging in this school, he also commenced the study of medicine with Dr. E. B. Carr, reciting to him an hour daily, Sundays excepted, until July, 1837, when, in order to pursue his studies more favorably, he went to Olean, New York, with his brother-in-law, Dr. E. W. Finn, who owned a large drug store and had an extensive practice. Here he devoted his time industriously to these pursuits until September, 1837, when with two other medical students he came to Ohio and attended a medical college six months, graduating honorably March 15, 1838. He immediately settled at Canal Winchester, in the Scioto Valley, where he enjoyed a large practice until December, 1844, when his father was entirely disabled by palsy, which necessitated his return to Cortland, his native place. Here he soon received a large patronage among his early school companions and friends, until May, 1849, when his father having died and other relatives being provided for, he

settled in the city of Syracuse, New York. Here with others he organized and had incorporated the Syracuse Medical college, and established, edited and published the *Syracuse Medical and Surgical Journal*, a monthly. The first term of the institution opened the next November 5, with eighty-seven actual matriculants, and continued two terms each year, of four months each, or thirteen terms, until June, 1855. In February, 1852, to improve his knowledge of surgery, Dr. Potter went to Philadelphia and attended the clinics in the Pennsylvania hospital and surgical lectures in the medicine department of the university of Pennsylvania, until the latter part of May.

"He continued dean of the Syracuse Medical college, and in charge of the *Journal* until September, 1855, when his wife suffered with incipient consumption, rendering it necessary to return to the Valley, her native place, hoping that the change might restore her. He arranged with his partner, Dr. F. W. Walton, now of Piqua, O., to settle their business. Dr. Potter then went to Cincinnati, where he accepted the position of lecturer on Principles and Practice in the American Medical college, where he continued publishing his journal and attending the clinics twice weekly in the Commercial hospital of that city until June, 1856, when he resigned, sold his journal and settled with his family permanently in Hamilton, O., where he has ever since been in active practice, with the exception of two brief intervals. At the urgent solicitation of friends in May, 1873, he went to St. Louis, Mo., and assisted in organizing the American Medical college and the *American Medical Journal*, which have both enjoyed surprising patronage. The former is now holding its twenty-first session, and has become a leading institution in the West, and the *Journal* has attained a large circulation."

Dr. Potter's labors in the organization and successful establishment of these St. Louis enterprises are highly appreciated by his friends in St. Louis. The Editor of this JOURNAL, especially, cannot forget his kindness. He was always ready and willing to lend us professional aid, and more than once came to St. Louis in person to help us in our College and JOURNAL work. He was a genial friend, entertaining in conversation, generous, charitable in all things, and held malice toward nobody. He had had a wonderful experience in the practice of medicine, and his writings are valuable. In addition to the great many JOURNAL papers he wrote and furnished us, he wrote a book on the Practice of Medicine. His descriptions of disease are very correct, and his treatment always conservative. While his therapeutics

is not exactly up with the advanced and fashionable practice of to-day, it is quite remote from the olden time treatment, and always safe. He was a self-made, practical, original man, and much of what he knew and wrote about had been learned from actual experience. He was a useful member of society, a valuable citizen, a successful physician, a kind husband and an indulgent father. We know all this, for we have been at his home, eaten at his table, lodged under his roof, and scores of times have we enjoyed the luxuries of his social and professional manliness.

"Dr. Potter was for four consecutive years president of the Ohio State Eclectic Medical society, and recently recording secretary. He was one of the incorporators and first vice-president of the National Eclectic Medical Association at Chicago in 1870, which organization has since grown to thirty State auxiliary societies, with prosperous working members. He has been the president the most of his time, for about twenty-two years, of the Miami Medical society. He was also for four years a member of the city council of Hamilton, and was at the time of his death a member of our board of health, and the health officer of the city."

But Dr. Potter is gone. Some one must take his place in the great struggle of life. Who can shoulder the responsibility?

In this connection we would remind our readers that this is five members from the original and recent Faculty of the American Medical College that have died within one year: Thrailkill, Morris, Yost, Wright, and Potter.

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### **The American Medical College.**

The twenty-first regular term is now more than half gone, and the session has been so pleasant that the time seems very short. We never had a more attentive or earnest class. Possibly the lectures are unusually interesting—good. We are sure our older professors—Younkin, Merrell and Rutledge, are improving, and never tire. And Prof. Rowe is making anatomy more entertaining and interesting in this class than has ever been our fortune to see in any medical college. A first class teacher of anatomy in a medical college is a great acquisition. We have him.

Prof. Sibley is giving entire satisfaction in chemistry, and



Prof. Kinsey is exciting an unusual interest by his methods of teaching medical jurisprudence. He lectures in the forenoon during the week, and on Saturday evening conducts mal-practice cases at the College. A hypothetical case is drawn up, one of the students is prosecuted, he is supplied with counsel from the city bar, and the prosecution also has a lawyer. Prof. Kinsey acts as judge of the court. Twelve students are chosen as a jury. Then from eight to ten students, from the senior class, are subpoenaed as expert witnesses. The cause is opened, the witnesses sworn, and then commences the fun. We say "fun," but if there was ever anything invented that will urge students to read and study, it is a scheme of this kind. They must know something when they take the witness stand, or they fail. To say the least, this is a practical and successful method of teaching. It not only teaches medical jurisprudence and gives students a proper conception of expert requirements, but it impresses the necessity of accurate knowledge, and urges students to become proficient instead of superficial. Students from other medical colleges in the city are pleasantly entertained at these mock trials. They are actual experience in this department.

Our clinics at the City Hospital were never better. We deliver our own lectures in the hospital, have our own clinical material, and have the same advantages and the same number of hours as other medical colleges of the city. Write for announcement of next session. See advertisement page, No. v.

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### **The St. Louis Eclectic Medical College.**

For nearly ten years certain parties have been trying to manage and keep in existence what has been called the St. Louis Eclectic Medical College. This institution has been in bad repute from the first year of its organization to the present time, and the unpleasant notoriety it has given the eclectic branch of the profession in the West has had no small influence in retarding the progress of legitimate institutions. The conduct of the projectors and managers of this so-called St. Louis Eclectic Medical College has been of such a character as to force city and State Boards of Health to positively rule out their college and their

diplomas, and recognition has been refused them up to this writing. The strenuous efforts, ordinary and legal, that have been so repeatedly made by these parties for recognition, have as frequently brought the whole subject before the people, through the daily press, and as the issues have always turned against the St. Louis Eclectic Medical College, the influence has been of a damaging character to the whole profession.

And hundreds of people who do not pause to investigate such reports minutely, have been confused, and have never understood the true merits of the case. Some have been mistaken about the college in question, for we have been met repeatedly with the exclamation, "Why, I see your American Medical College is in trouble; how is this!" We always answer promptly, "*No*, it is not us; it is the so-called St. Louis Eclectic Medical College that is in trouble, and *not* the American Medical College." And so the matter has been, and we have had more or less trouble in explaining this difficulty for ten years past. During all this time we have not said much through the JOURNAL. People are so very ready to attribute such controversies to jealousies, and construe plain statements as personalities, that we have refrained saying much. But now, since the so-called St. Louis Eclectic Medical College has been closed up, and nobody can rightly accuse us of selfishness or malicious intentions, we can say what should have been said long ago.

The facts are these: In 1873 the American Medical College of St. Louis was organized. The prospects for a reasonable success were promising, and in due time have been fully realized. Dr. Geo. H. Field was a charter member of the Faculty, professor of surgery, and also a member of the Board of Trustees. His ideas of things were widely different from the other members of the Faculty, and he was, indirectly, removed, and Prof. Edwin Younkin elected to fill his place in the Faculty and Board of Trustees. Dr. Field was not satisfied to be outside of a medical college, for his aspirations to be at the head of a medical school were high. He at once went about to organize another college, and did obtain a charter for the so-called St. Louis Eclectic Medical College.

As already intimated, the conduct of Dr. Field and his college

was of such a character as to bring reproach upon the cause. State and national associations expelled Dr. Field, and State and city boards of health refused to recognize the diplomas of his college. He made a hard and long fight, and tried to the last to sustain himself, but finally had to succumb.

We now hope that since this disreputable institution has been closed up, there will be no further misunderstanding about the American Medical College, and that in the future it will not be taken for this disreputable institution.

The American Medical College, during all these years, has steadily risen in reputation and standing; and to-day there is not a medical college in St. Louis that has a clearer record, a better standing, or that has more influence with city and state authorities. Prof. Albert Merrell, one of the Faculty, is a member of the Missouri State Board of Health. The President of the Board of Trustees, Dr. Jacob S. Merrell, is now Treasurer of the city of St. Louis. The Vice-President of the Board, Hon. N. C. Hudson, is now City Collector of St. Louis. And other members of the Faculty hold responsible political positions. We note all these things to show our readers that the American Medical College is not to be compared with the so-called St. Louis Eclectic Medical College, much less mistaken for that institution. And we are sure that these plain statements should be satisfactory. They can be verified any day, and nobody coming to a full understanding of the matter ever doubts the high professional standing, and social and political influences enjoyed by the American Medical College.

As we have not burdened our readers with much of this kind of literature in the past, we hope that it will never become necessary to mention the subject again.

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### *BOOK NOTICES.*

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A DIGEST OF MATERIA MEDICA AND PHARMACY, forming a complete pharmacopœia for the physician, druggist and student.  
—By Albert Merrell, M. D., formerly Professor of Chemistry,

Pharmacy and Toxicology, American Medical College, St. Louis, Mo., now Professor of Obstetrics and Diseases of Women and Children, in the same. Octavo, 512 pages. Published by P. Blakiston, Son & Co., 1012 Walnut St., Phila., Pa.

We have given this book a very careful examination, and find it a very comprehensive and practical volume.

The central idea of the work is to briefly state the therapeutic scope of each remedy, and to indicate the conditions under which it is likely to prove useful in the cure, palliation or prevention of disease.

As incidental to this design, the cardinal principles of pharmacy are briefly but comprehensively stated, and such processes advised as will result in preparations which are therapeutic equivalents of the drugs they represent.

In carrying out the latter feature, the author has avoided all entangling alliances, and evidently has no object except to ascertain and describe the best forms in which a remedy can be used, and to use terms that will definitely convey his meaning.

Fresh crude material is directed in many instances, and in some without any apparent reason than that the preparation may be sure to represent the drug from which it is made.

The nomenclature is simple and definite, and while not departing sufficiently from that in common use as to cause confusion, it limits and defines such terms in a manner which is worthy of adoption.

The arrangement of the matter is such that all the information pertaining to each drug is found under a single heading, and is so classified that it is easily referred to—a plan that will be satisfactory to the busy practitioner or dispenser.

Easy tests, for common impurities that are likely to be present in chemicals, are a useful addition.

Many of our readers are acquainted with Prof. Merrell, and know his attainments; to such we need not say anything.

Regarding the publishers' work upon the book, it is first class in every regard—paper, type, binding, etc. It is a credit to any publishing house.

We are sure this book will meet with a ready sale. We earnestly recommend, even urge, all our students to procure a

copy at once. We can furnish it at publishers' price. There is no Dispensatory, Materia Medica, or Specific Medication, that contains the amount of accurate, practical pharmaceutical and therapeutical information found in this book.

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**A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS.** — By Samuel W. Gross, A. M., M. D. Second edition, thoroughly revised, with sixteen illustrations. Fine paper; 176 pages; well bound in cloth. Henry C. Lea's Son & Co., Phila., Pa.

Prof. Gross was Prof. of Surgery in the Jefferson Medical College for many years, and his rare opportunities for obtaining accurate knowledge, and his almost unlimited practice, eminently fitted him for writing such a work as the one we have before us.

In another part of the JOURNAL, under the head of stricture of the urethra, we have referred to this work, and have made some quotations. We regard the work as first-class authority, and it embraces some important thoughts not found in the works of other specialists.

We heartily recommend this volume to our readers.

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**THE PANSY.**—Edited by "Pansy" (Mrs. G. R. Alden). Published by D. Lothrop & Co., 32 Franklin Street, Boston. 75 cents a year.

"This is one of the very best of the admirable periodicals for boys and girls of the present day. The illustrations are capital, while the reading matter is such as to make one wish he was again a boy, and will be found to contain much that will both interest and instruct the 'children of a larger growth.' Certainly no more profitable, and at the same time acceptable, Christmas gift could be made to any boy or girl than a year's paid up subscription. Get a sample copy."—*Exchange*.

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**PHYSICIAN'S VISITING LIST**, for 1884. Lindsay & Blakiston's. Thirty-third year of its publication. Philadelphia, Pa.: P. Blakiston, Son & Co., successors to Lindsay & Blakiston, 1012 Walnut Street. Sold by all booksellers and druggists.

It contains Marshall Hall's ready method, Poisons and Anti-

dotes, Metric System, Posological table, Table for calculating utero-gestation, List of new remedies, Sylvester's method of artificial respiration, Diagrams of Chest, &c. It is very complete.

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**THE TREATMENT OF WOUNDS—ITS PRINCIPLES AND PRACTICE, GENERAL AND SPECIAL.**—By Lewis S. Pilcher, A. M., M. D., Member of the New York Surgical Society. With 116 wood engravings. New York: Wm. Wood & Co. 1883.

This book—the August volume of the “Standard Library”—is written by a busy and practical surgeon, whose occasional contributions to journal literature we have always eagerly read.

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**A MANUAL OF PRACTICAL HYGIENE.**—By Edmund A. Parkes, M. D., F. R. S., late Professor of Military Hygiene in the Army Medical School, Emeritus Professor of Clinical Medicine in University College, London, etc., etc. Edited by F. S. B. Francois De Chaumont, M. D., F. R. S., F. R. C. S., Edin., sixth edition, with an appendix giving the American Practice in matters relating to Hygiene, by Frederick N. Owen, Civil and Sanitary Engineer. Vol. 1, pp. 368. Wm. Wood & Co., New York, 1883. Columbus: A. H. Smythe & Co.

The above is the September number of Wood's “Standard Library.”

The eight chapters treat of the following topics: Water: Air: Ventilation; Examination of Air; Food; Quality, Choice and Cooking of Food; Beverages and Condiments; Soils.

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### *MISCELLANEOUS PARAGRAPHS.*

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#### **Listerine.**

We take pleasure in calling attention to this new preparation as a most valuable antiseptic and disinfectant. Requiring no special preparation, it is ready for immediate use. As a local application to indolent ulcers *we have found it to act most admira-*

bly. No gynecologist or obstetrician should ever think of making an examination without applying Listerine to his hands *before* and *after* each examination.—*Cincinnati Lancet and Clinic*.

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#### **Oil of Evergreen.**

Oil of evergreen (salicylate of methyl) diluted with an equal quantity of olive oil or soap liniment, applied externally to the joints affected by rheumatism, gives prompt relief, and, from pleasant odor, is very agreeable to use.—*Cin. Lancet and Clinic*.

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#### **Horsford's Acid Phosphate in Mental and Physical Exhaustion, Nervousness and Diminished Vitality.**

Dr. C. M. Lindley, Brooklyn, Ind., says: "I have given Horsford's Acid Phosphate a fair trial in mental and physical exhaustion, nervousness, diminished vitality, and in the tedious convalescence from typhoid fever. It has more than realized my expectations in the above named diseases. I should advise the profession to keep it on hand."

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#### **Frequent Micturition.—Galvanism.**

Frequent micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.—*British Med. Journ.—Med. and Surg. Rep.*

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#### **Compressed Tablets for Preparing Fehling's Solution of Potassio-Cupric Tartrate.**

Messrs. John Wyeth & Bro., of Philadelphia, have sent us a very compact and convenient case of test-agents for determining the presence and amount of glucose in diabetic urine, which is modelled after the test known as Fehling's. It is well known that in order to be at all reliable, Fehling's solution should be recently and carefully made; and it is so often the case that both these essentials are doubtful, that the physician who has occasion to test urine for glucose fails to get the assistance that a good

analysis could render him. The apparatus offered by Wyeth & Bro. consists of a small box containing a small pipette with a rubber bulb, and three small vials containing, respectively, sufficient caustic soda to make fifty minims of soda solution, twenty-five tablets of tartrate of soda, and the same number of tablets of sulphate of copper, the whole costing only forty cents, postage paid. Each package is accompanied with detailed instructions for use, and there is now no reason why examination of urine for glucose should not be as easy and customary as for albumen."—*"New Remedies,"* November, 1883, page 322.

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#### **Oxide of Zinc in Chronic Diarrhœa.**

M. Gubler has found it most useful in the diarrhœa of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the following form: Oxide of zinc, thirty grains; bi-carbonate of soda, ten grains; in four powders, two or three daily.—*Can. Med. Record*, June.

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#### **Hayden's Viburnum Compound.**

Thomas Wheat, M. D., Manchester, N. H., prescribes Hayden's Viburnum Compound, and thinks favorably of the preparation for what it is recommended. Had his attention called to it by the eminent gynecologist, Professor Thomas, of New York, whose opinion he esteems very highly.

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#### **Hydrocele.**

F. C. Vandervort, in *Peoria Medical Monthly*, says that one drachm of pure alcohol injected into the sac after tapping, and left in the sac, is better than tinct. of iodine—more certain as a curative measure.

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#### **Apomorphia.**

Dr. F. Jackson was called to a stout healthy woman who had swallowed an unknown quantity of morphine with suicidal intent. She was already unconscious, pupils contracted and stertorous breathing. He injected into the arm about one-eighth of a grain of apomorphia, dissolved in warm water, which was followed in a



few minutes with copious vomiting. A complete recovery was the result without other medicine.

Dr. Jackson uses apomorphia in this manner, in much smaller doses however, in convulsions of children.

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#### **The Value of Static Electricity.**

Dr. A. C. Garratt states that he has had great success with the static battery in chronic, muscular, periosteal, and arthritic rheumatism; also in sciatica and in painful cramps. He particularly refers to its value in the treatment of dim vision and partial amaurosis from chronic alcoholism, tobacco, or over-use. Fine sparks are drawn from the closed lids.—*Boston Medical and Surgical Journal*, Feb. 8, 1883.

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#### **Celerina.**

IRVINE, KY., June 12th, 1883.

I received sample of Celerina and Pinus Canadensis, for which please accept my thanks. I used the Celerina myself, and derived so much benefit from the small quantity that I feel anxious to continue its use. I have suffered for several years from nervous prostration, and I am induced by the trial of the sample to believe that Celerina will relieve me entirely.

W. C. SCHOLL, M. D.

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#### **Diagnostic Value of Uterine Hemorrhage After the Menopause.**

During the course of a late clinical lecture on malignant disease of the cervix uteri, Dr. T. Gaillard Thomas stated, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases where women who have passed the change of life have begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as a return of the menses when a woman has once

reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but was simply a form of polypus. I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develope. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.—*New York Med. Journal.*

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**Tongaline.**

ST. LOUIS, Oct. 10, 1883.

I have delayed replying to your request for my experience with Tongaline until I could observe its action in a larger number of cases. Am now convinced, after testing its virtues in some exceedingly severe and obstinate cases, that Tongaline possesses decided and marked curative properties in rheumatic neuralgia and also in many instances of muscular rheumatism.

Yours truly,      WALTER COLES, M. D.

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**A Complimentary Dinner to Dr. L. T. Beam, of Johnstown, Pa.**

A complimentary dinner was given to Dr. Beam by the graduates of his office, at the Hulbert house, Johnstown, on Wednesday evening. About fifty of his professional brethren and friends were present. The affair was a very pleasant one throughout. There was nothing wanting in any of the evening's festivities. Dr. Beam was, of course, the Lion of the occasion. He was congratulated and complimented on every hand, and was presented with a beautiful gold-headed cane, Dr. H. B. Piper, of Tyrone, representing the donors, and felicitously accompanying the presentation with a brief speech, Dr. Beam himself responding in a feeling and touching manner. At the banquet there

were numerous toasts, responded to by Dr. H. B. Piper, Dr. Henry F. Beam, District Attorney Hicks, of Blair county; Dr. J. M. Louthier, of Stonewtown; Dr. George E. Potter, of Johnstown, and Rev. J. Franklin Core, of New Florence. Mr. Canan, of Tyrone, gave variety to the intellectual part of the programme by singing a number of songs in a very pleasing manner.

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**First Coitus Attended by Extensive Laceration of the Wall of the Vagina and Profuse Hemorrhage.**

Dr. Mundé was called to see a girl, twenty-two years of age, whom he found pallid and anemic from the loss of blood. She had been married the day before, and but a single connection had taken place. It was not attended by severe pain nor by immediate hemorrhage, but some hours afterward she observed bleeding from the vagina, and sent for a physician, who gave ergot, but without benefit. He made no examination. Then another physician put ice into the vagina, but also without stopping the hemorrhage. Dr. Mundé examined the hymen for the source of the bleeding, but found that it came from a point higher up. Introducing a Sims speculum, the vagina was seen to be ruptured on the left side for a distance of about two inches and a half, extending from one inch above the introitus up into the right fornix. The uterus was retroverted. He assumed that there was a disproportion between the male and the female organs. The bleeding was checked by firm tamponade with cotton disks. When the patient was seen again, a week later, the wound was partly healed. Two years ago he had attended a case of profuse hemorrhage from rupture of the hymen up into the vagina along the urethra during first coitus, in which tamponade also was required to check the bleeding.—*Am. Jour. Obst.*

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**Carnrick's Beef Peptonoids.**

The Beef Peptonoids introduced by the Maltine Company have of late been largely used in America in cases of extreme debility of the digestive organs. It is alleged that a four-ounce packet is equal in nutritive value to ten pounds of any extract of beef prepared according to Liebig's formula. They are said to be

the most concentrated nutritive ever invented. They may be added to soups or other liquid food, or from one to two dessert-spoonfuls may be dissolved in six ounces of warm water, and used as an enema.—*Brit. Med. Jour.*

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**Tongaline.**

PINSON, TENN., Nov. 1, 1883.

We have used your Tongaline in several cases of Neuralgia and Rheumatism, and are happy to say that relief has followed its use in every instance. We shall continue to prescribe it in cases where the use of the Salicylates is indicated.

Drs. N. A. & A. McCoy.

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**Salicylic Acid for Venereal Warts and Ulcers.**

Dr. Solon D. Stone (*Boston M. and S. Jour.*, April 26, 1883) has had very good results. His method is to fill, or pack, an ulcer with the acid; which he keeps constantly applied until there is a healthy granulating surface. For a few minutes following the application of the acid to a raw surface the pain is quite severe, but it soon subsides.—*Med. and Surg. Rep.*, June 2.

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**Pinus Canadensis in Leucorrhœa.**

Dr. Upson, of Marshalltown, Iowa, writes that he has had unbounded success with the *Pinus Canadensis* (dark) in leucorrhœa and gonorrhœa.—*Columbus Medical Journal*.

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**Cracked Nipples.**—By J. H. BENCHER, ATHENS, CLARK COUNTY, Mo.


Permit me to occupy a small space in your valuable journal in relating the best treatment for cracked nipples that I ever tried. The condition had bothered me a great deal, until I concluded that the local application of the sub-nitrate of bismuth might be of benefit. I prepared it as follows: Bismuth sub nit., ʒij; vaselini, ʒ j. M. Sig.—Apply to the nipple each time after the child has nursed, and cover with a soft cloth. The ointment should be washed off before applying the child again to the breast. This remedy may not be anything new to many

of your readers, but it may help some who have never tried it. With me the results have been perfectly satisfactory.—*Peoria Med. Monthly.*

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## *ORIGINAL COMMUNICATIONS.*

**ART. IV.—Sympathetic Ophthalmia.**—By O. A. PALMER, M. D.,  
GENEVA, O.

Mr. D— came to my office for consultation in regard to his eyes. I soon found that his left eye was totally destroyed.

Some years before an arrow injured the left eye near the center of the cornea, causing extensive inflammation of the cornea and iris. The cornea was not punctured and the inflammation in it soon subsided, but the inflammatory action in the iris continued very severe for some time. There was a large amount of plastic lymph exudation about the iris which tied it down to the anterior capsule of the lens. The area of the pupil was invaded by this effusion, which caused occlusion. Lymph collected in the posterior chamber, causing the iris to bulge forward and give the pupil a funnel shape.

The effused lymph, mixed with the contents of the anterior chamber, produced a milky appearance of the aqueous humor. A few whitish opacities could be seen, which were caused by deposits of lymph on the posterior surface of the cornea.

Without very much change the eye remained in this condition for six or eight years. Gradually a sensitive and irritated condition of this eye came on, so that bright light, heat, cold, and overwork would cause pain in the eye and head. About five or six weeks after this sensitive and painful condition commenced in

the left eye, the right eye began to be irritated and give evidence of disease.

After a careful examination, I gave it as my opinion that sympathetic inflammation was the cause of the trouble in the right eye, and that it was doubtful whether it could be saved. An immediate enucleation of the left eye was advised, so as to remove the exciting cause of danger in its fellow.

He consented to the operation, which I performed the next day. After being put under the influence of ether by an assistant, I introduced a speculum to dilate the papebral fissure, then I divided the conjunctiva near the corneal margin with curved scissors. Raising the muscles with a strabismus hook, I divided them close to the sclera. The eye was then grasped on the nasal side with a pair of forceps, and tilted to the left or temporal side, which gave an opportunity to pass the curved scissors close to its convexity until the optic nerve was reached and divided. The ball was then lifted forward and held by the fingers until it was carefully dissected from its socket. The orbit was sponged out with cold water until the hemorrhage ceased. I applied to the closed lids a piece of soft linen on which was placed a wad of absorbent cotton, which was kept in position by a compress bandage for ten hours, when it was removed and the orbit and lids kept wet with calendula water.

The patient was confined to his room for three days and was very comfortable during this time.

The wound healed kindly and the stump was ready for an artificial eye in three weeks.

About a week after the left eye was removed the right one began to improve, and continued to do so four weeks, when it appeared to be well. He used it for all ordinary work without any trouble.

The danger of the transmission of inflammation from one eye to the other is generally greatest five or six weeks after the accident, still it may come on as early as the eighth or tenth day. On the other hand, it may be years before the injured eye will endanger the other.

It is usually believed that the sympathetic fevers of the ciliary nerves are the agents by which the transmission takes place, yet

the optic nerves, blood vessels and lymph tracks may do it. Sympathetic inflammation may burst out any time without any warning. It may, however, be preceded by weakened accommodation, photophobia, lachrymation and general fatigue of the eyes.

In treating sympathetic ophthalmia, the main object should be to remove the injured eye as soon as possible, as nothing is gained by waiting for favorable results, while the exciting cause is still at work.

An eye that has received an injury of the ciliary body or contains some foreign substance should be removed at once, unless you can watch all of its workings, so as to remove it before the other becomes seriously affected.

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**ART. V.—Operations on the Larynx and Trachea—Lecture before the Post-Graduate Class of the American Medical College.—By PROF. E. YOUNKIN, M. D.**

Operations on the air passages are performed for the removal of foreign bodies, which, through accident, find a lodgment within the larynx and trachea; for the removal of adventitious growths, which are sometimes produced within these parts; and to prevent death by asphyxia, as in croup, diphtheria, etc.

Some physicians are very much opposed to these operations, having seen so few recoveries, but when it is remembered that for the most part they are performed only at the last moments of life, and as a dernier resort, we should not wonder at the great mortality which follows.

When it is seen that in many cases immediate relief is afforded where children, for instance, have been struggling, it may be for hours, and dying slowly but surely for the want of air to the lungs, it would seem that no one could reasonably oppose, even though the only end obtained be a prolongation of life for a few hours and the rendition of death less painful and distressing.

I would charge you to never let a patient die with a foreign body in the trachea or larynx when an operation would save it; and, on the other hand, I want you to be cautious, at least for your own reputation, in performing the operation in



cases of croup and diphtheria, lest when you have done all, the child dies, and you are accused of "cutting its throat."

I do not mean that you shall not perform the operation for relief in croup and diphtheria, for here you can sometimes save life, at least you can prolong life, and thus give longer time for the action of medicinal agents. In such cases you should be careful to impress the friends with the purposes you have in view, and that the operation of itself is not capable of removing constitutional taints, but will act as a means of oxygenating the blood, by contributing more air to the lungs.

The great air passages may be opened in three different places, and to the operations at these different situations the following names have been given: laryngotomy, laryngo-tracheotomy, and tracheotomy.

1. *Laryngotomy* consists in a cutting through the crico-thyroid membrane. It is occasionally useful, and is exceedingly easy of performance; but from the want of space, without encroaching on the cartilages of the larynx, and from its close proximity to the disease, this operation is by no means a suitable or permanently successful one. It may be resorted to as a temporary expedient in cases of great urgency, where proper instruments and assistants are not at hand. The crico-thyroid space is so distinctly shown by the prominence of the thyroid cartilage, and is so superficial that it is quite easy to open, even with a common penknife, in cases of great emergency, and the opening can be kept patent by means of a quill, a flat piece of wood, or a hair-pin.

This simple operation has in many cases saved life where a foreign body had lodged in the laryngeal-box, and in cases of emergency, where the physician in attendance was inexperienced and did not care to perform tracheotomy. Thus life may be preserved, giving time for the subsequent performance of tracheotomy.

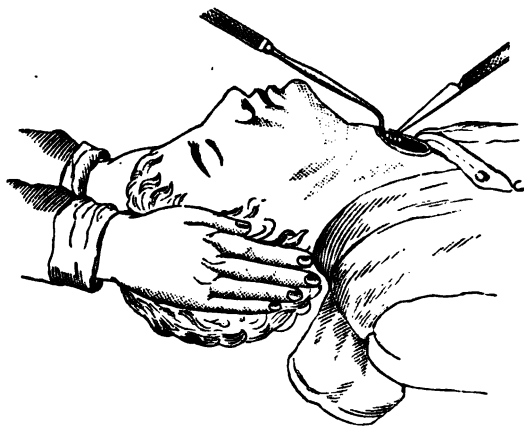
Easy as this operation would seem, cases are on record in which the crico-hyoid space has been opened instead of the crico-thyroid. You should therefore familiarize yourselves with the anatomical points upon the living, as well as upon the dead, both upon the adult and the child, that these mistakes may not be made in your operations.

2. *Laryngo-tracheotomy* is an operation performed through the cricoid cartilage and the upper ring of the trachea. It has but few advantages over the former. It is close to the disease, and involves cutting of the cricoid cartilage. This operation may be performed for the removal of adventitious growths, though it is desirable to avoid, if possible, cutting through the cricoid cartilage when other operations will suffice.

3. *Tracheotomy*.—This operation may be made either above or *below the isthmus* of the thyroid gland. Between the cricoid cartilage and the upper border of the sternum, the median line is occupied by the upper portion of the trachea. Its depth varies, gradually increasing as the trachea descends, and varies very much according to the fatness, muscular development and length of the neck. It is almost subcutaneous at its commencement below the cricoid, and on the level of the sternum, in most cases, it is at least an inch from the surface. The longer the neck, the easier the performance of the operation. As a rule, it is much easier and simpler to operate above the isthmus of the thyroid gland, as it is near the surface and the vessels are few and comparatively small.

Having placed your patient in the recumbent posture, upon a table, the shoulders should be well raised and the head held back, so as to extend the wind-pipe and make the throat prominent; a transverse fold of skin should be pinched up and transfixed in the median line with a sharp-pointed bistoury. Thus a clean cut of an inch and a half in length is made at once through the skin and the upper layer of the subdermal connective tissue. Having made the incision through the skin in this way, the veins will be seen, probably turgid with blood, and if large they may be drawn to one side. If necessary to expedite matters, you may cut directly down at once with a single stroke, keeping the cricoid cartilage as the objective point. Generally, however, you have sufficient time to be more deliberate and careful, when the tissues should be divided with the handle of the scalpel, keeping on the median line. A grooved director or a probe-pointed scissors may be slipped under the tissues, dividing them layer by layer down to the isthmus of the thyroid gland. The isthmus being reached, it is found at a distance

from the cricoid not to exceed a half inch, and it may even be in immediate contact with the cricoid. Now, to avoid the possibility of bleeding, the isthmus should be loosened from its attachment to the cricoid and trachea, and drawn down out of the way. A grasp upon this body also holds the parts quiet in making an operation into the trachea. Unless the case is urgent, you will now have time, before opening the trachea, to arrest the flow of blood.



If there is much convulsive movement of the larynx and trachea, they should be fixed by the insertion of a small hook or tenaculum, just above the cricoid cartilage, and this should be confided to an assistant. The surgeon should then, with the forefinger of his left hand resting on the trachea, thrust a sharp-pointed scalpel boldly through the rings, with a jerk or stab, the back of the knife below, the point looking upwards, and divide two or three of the rings from below upwards. Any attempt to enter the trachea slowly with a blunt knife or trocar will probably be unsuccessful, as the rings, especially in children, yield readily to pressure. The next step is that of dilating the opening made through the trachea. For this purpose I have provided a couple of hair-pins. I want nothing better than these simple and valuable instruments. They are bent on the flat, about half an inch from their loop-ends, and thus they

make a sort of looped hook. One of these can be placed alongside of the scalpel, and pressed in the trachea through the incision. The knife can now be withdrawn, and by turning the hair-pin a little the incision is spread open. The other hair-pin may now be slipped in, and by an assistant the lips of the incision can be drawn apart.

When an opening is made into the trachea of a child that has been laboring for breath, the air enters suddenly and freely, the lungs expand to a full inspiration, and now you should be prepared to see the results. The next is an entire arrest of all respiratory movements, which may last for several seconds. Do not be alarmed at this; watch the face, and you will see that even while the respiration is arrested the color is growing better; the livid hue is passing away, and the lips and cheeks are returning to their natural color. After a few seconds the respiration is re-established; a few breaths more, and the child falls to quiet sleep.

Once the trachea is opened, the next question is, what should be done? If the operation has been performed to remove a foreign body the substance may be immediately thrown out at an effort upon coughing, or it may be crowded near the opening so that it can be grasped with forceps. If it is not seen, the question may arise in your minds as to whether the foreign body is above or below the incision? This can generally be determined by the action of breathing. If the respirations are full and uninterrupted, the lower part of the trachea is free, and you have it above. If it is below, it may be caused to roll to the opening by holding the child for a moment with the feet upwards, or it may be seized with the tracheal forceps. You have seen the patient with a cockle-burr in its wind-pipe, on whom I operated a few days ago. When the trachea was entered, immediate relief was obtained, which proved that this singular body was above the incision.

When the operation is performed where there is a more lasting closure of the air passages, the question will be, how is the opening to be kept pervious? There are some objections to the use of the trachea-tubes; they are apt to become filled up with mucus and lymph, and require a good deal of care in keeping

them cleansed, but still I think it is the best that can be done. Some have advised silver wire, to be placed through the rings, and others have experimented by taking out an elliptical portion of the tracheal wall; this, though succeeding well for a time, would end in a narrowing of the canal of the trachea. A tracheal tube with double canula will be found the best. The inner canula can thus be removed and cleansed at intervals by the nurse, without risk of exciting spasm or dyspnoea.

The after treatment demands great care and many precautions. An experienced nurse should be in constant attendance for the first few days. The tube requires watching, as it is liable to become clogged with blood and mucus; the room should be kept warm, as well as moist with steam; a piece of thin gauze should be placed over the mouth of the tube to prevent particles of dust entering the lungs.

In temporary inflammation, the presence of the tube for a few days may suffice, and it may then be removed. First try your patient, to see if he can breathe through the larynx. Take out the inner canula, and place your finger over the mouth of the remaining tube. By this experiment you will soon see how the patient can breathe through the mouth and nostrils. The outer tube has a fenestra, through which air may pass in and out. The wound will soon close after the tube is removed, no sutures or adhesive plasters are required. Leave the opening free, it will soon close of itself.

Anæsthetics may occasionally be given, but as a rule they are not required, as the sensation of the patient is sufficiently blunted by the carbonic acid that has accumulated from the impeded breathing.

The operation *below the isthmus*, though more difficult in its performance, is much more scientific and satisfactory in cases where the foreign body has lodged within one of the bronchi. A median incision, begun over the isthmus, is to be carried down to the sternum. The first incision is better done by transfixion, as in the former operation. A cross branch between the external jugulars will, if it exists, be now seen lying on the second layer of the subdermal connective tissues, and it may require two ligatures. The dissection must be carefully continued,

and principally with the finger-nail and handle of the scalpel. The median line must be carefully kept; the space between the sterno-thyroid muscles is filled by a firm fascia, and beneath it is a quantity of fat, in which the inferior thyroid veins run. These are usually a little to one side, but cross veins must be divided. Should the trunk of one of the inferior thyroid veins be divided, the hæmorrhage will be severe. An artery, the *thyroidea ima*, is occasionally found passing up in front of the trachea, from the aorta to the thyroid body. The common carotid arteries are in close relation to the sides of the trachea, and the innominate artery lies against the right side of the air tube, as high up as the sterno-clavicular joint, and in exceptional cases even higher. The left innominate vein crosses the trachea below the top of the sternum in the adult, but in the child is usually higher, and when the neck is stretched may be in considerable danger. The thymus gland in infants reaches above the sternum, and occasionally touches the thyroid body. Thus you see the anatomical difficulties in the way in an operation below the isthmus; but a knowledge of the anatomy and its variations should enable you to overcome all these perplexities. The trachea being reached, it should be opened in the same manner as already stated in the operation above the isthmus. The tube having been inserted, a stitch may be put in the top and bottom of the incision.

A few further restrictions, and I will close.

Be careful lest too great extension of the neck, by an anxious assistant, be accompanied by a closure of the mouth, and choke the patient, whose breathing is already embarrassed.

It is often a question of some importance, and one not easy to settle, how far attempts should be made to completely arrest venous hæmorrhage before opening the trachea. If not arrested, the patient's strength may be weakened, and we have to dread the admission of blood into the wound, which may prove a fatal obstacle to respiration. On the other hand, there is almost always some blood oozing from small venous branches which depends upon the venous engorgement, and when the trachea is opened will almost certainly stop their bleeding. Slight pressure is generally sufficient till the child breathes

through the opening a few times, and the venous engorgement disappears.

Do not allow yourself to wander from the median line.

Fix the trachea so that it will be steady while you make the puncture, lest you fail to make a sufficient opening for the tube, and then be embarrassed by emphysema.

Without a free superficial incision, it is impossible to perform the operation satisfactorily.

In cases where the thyroid isthmus is in the way entirely, slip a ligature under it, one upon each side of the median line, and sever the isthmus between the ligatures. No great harm is likely to ensue.

Be careful in thrusting in your knife not to cut upon the posterior wall of the trachea.

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**ART. VI.—Curettng the Uterus.**—By PROF. G. A. ROWE, M. D.

One of the most recent additions to the gynæcologist's armamentarium is the curette, and whether it is because it has been comparatively little used and therefore but little known of its good or bad qualities, or whether our critics have forgotten their loyalty, to which is due our sparcity of curette literature, I am not prepared to say, but it does appear to have been treated rather neglectfully.

I am inclined to think, however, that it is a good thing for the welfare of any instrument or remedy that we do not have a multitude of verdicts rendered for or against it by those who are circumscribed in their experience and fond of gaudy theorizing. The thread-bare proverb that "it is better to make haste slowly" in such matters is quite pertinent in this instance. I am rather slow to champion the use of any instrument or remedy until I am well satisfied it is deserving of it.

In offering a few remarks on the subject I do not wish it understood that I advise the uterus of every woman in the community to be looked at and felt of for the purpose of furthering gynæcological science. Whilst it is not only humiliating to the patient and meddlesome of the doctor, I believe I can think of pleasanter sensations than those experienced from feasting the eyes and

nostrils upon a diseased uterus and its secretions. Sufficient examinations should be made to clearly determine the diseased condition, yet unnecessary interference is not to be encouraged. The uterus is inclined to rebel against instrumental interference, not only of the curette but all other instruments as well, and when we do resort to it we should feel entirely justified in the act.

There are several varieties of curettes in use, and every physician will have his preference, but in my hands a triangular shaped curette or the one introduced by Thomas has given the most satisfaction. It is oval shaped, well made and more easily introduced than any I have used. Simon has introduced a spoon-curette that answers an excellent purpose for scooping loose matter out of the womb. Sims' curette has not met with great favor, but I think it much better than Recamier's.

In using the curette I prefer to have the patient lie in the reclining position, which is not only more comfortable to her but I have been able to manipulate the instrument more satisfactorily than in either the genu-pectoral or semi-prone position. Besides, it might be well to remember that the anterior and posterior surfaces of the uterus are more frequently the seats of diseases that call for the use of the curette, and consequently can be more readily reached in the reclining position than in any other. Another objection to the other positions is that you are always obliged to have an assistant, which is not only expensive but sometimes undesirable.

Having introduced the speculum (tri-valve the 'best'), the condition of the os and cervix may be ascertained, and if the os be found dilated and presents itself well to view, the curette may then be introduced. But, on the other hand, if the os is found high up in the pelvic cavity, the volsella or tenaculum may be used to draw it down and hold it in position while the operation is performed.

In introducing the curette too much force should not be used, for fear of laceration.

If the cervix be found unyielding or not dilated it should by all means be dilated, either with Molesworth's dilator, sponge tents, or what I have frequently used with advantage, the uterine forceps. The physician who would not consume sufficient time



to dilate the os and cervix before introducing the curette and thereby cause a laceration would be guilty of a gross misdemeanor. However, in the traumatic uterus, in which state with retained placenta the curette is particularly adaptable, the os will generally be sufficiently dilated to readily admit the instrument. Once in the uterine cavity the instrument can easily be moved in all directions, unless filled with morbid growths, and the chief precautions then are not to puncture the uterine wall nor curette too much. By sweeping the instrument in various directions, always bearing in mind the shape of the cavity, any rough or uneven surface may be detected, and to such places the instrument may be applied.

I might say just here that it is not always an easy matter to detect the particular points upon which the instrument is to be used, and the inexperienced will not be a little vexed and mortified to find that the whole uterine surface presents the same degree of roughness to the touch. It is well to remember that diagnosis is one thing and treatment another, and it is to be especially enjoined that the *uterus be not curetted* unless done understandingly. Except in cases of retained placenta after abortion, where sepsis or hemorrhage is threatened, the operation should not be too greatly prolonged nor too often repeated.

In one instance after abortion with retained placenta I kept up the curetting interruptedly for an hour and a half, succeeded in entirely removing the placental shreds, and the woman made a happy recovery. Ordinarily, the operation should not be performed more than once a week. In a case of fungous growths, in which I had used the curette twice a week for two weeks, I very nearly lost my patient from violent metritis; after that I used it but once a week with good results.

If troublesome hemorrhage should occur, the operation should be stopped for several days, when it may be repeated.

The diseases to which the curette seems best adapted are: retained placenta after abortion, fungous growths, endometritis, membranous dysmenorrhœa, carcinoma, and in those cases generally where there is hyperæmia of the mucosa.

Next to the finger I consider the curette our most valuable adjunct in removing shreds of placenta from the womb. We are

not always able to utilize the finger in removing an afterbirth—and when that is the case the curette can be made to do most excellent service. The fact is there are no instruments like the fingers, and we can never expect to attain so high a degree of diagnostic precision with any mechanical contrivance as we can with the finger. However, with the curette, whilst it is effectual in removing placental shreds, it also stimulates uterine contractions and thereby lessens the tendency to hemorrhage. In morbid growths the instrument is not only valuable in diagnosing their size and character, but we can very often break down a large polypus and scrape it entirely away. In such instances it is well enough to make an application to the pedicle by means of a swab, of a ten or twelve per cent. solution of carbolic acid, continued for six or eight weeks.

In chronic endometritis, particularly when the discharges are tinged with pus, it ranks high as a therapeutic agent. In those difficulties the uterus seems to be unable to throw off the superabundant secretions, and as long as they remain in the uterine cavity they act as a foreign agent and necessarily keep up an irritation. With the aid of the curette the cavity of the uterus may be almost entirely cleansed and a more healthful condition secured. I have never been able to notice any particular benefit result from the application of carbolic acid in such cases after the use of the curette, but if it were irrigated afterwards and then the acid applied the results might be better. I consider the application of *pinus canadensis* after curetting in endometritic conditions to be far the best remedy I have ever used. But even the *canadensis* will not effect much benefit in advanced endometritis unless its application be preceded by that of the curette.

I have used the curette in several instances of membranous dysmenorrhœa and succeeded in removing the membranes, when all pain faded away. There is probably more danger in its use in the last named disease than in some others, owing to the liability to bring on troublesome hemorrhage or set up violent inflammatory symptoms.

When an opportunity offers I propose to use the instrument in the sterile uterus, and hope to accomplish good results.

**ART. VII.—Stricture of the Urethra, Impotence, and Electrolysis.**

—By GEO. C. PITZER, M. D.

[CONTINUED FROM JANUARY JOURNAL, PAGE 20.]

"CASE 2131.—*Traumatic Impassable Stricture of Nine Years' Standing Treated Successfully by the Mixed Method of Electrolysis.*—Mr. S. M. S., of Hartford, was sent to me by Dr. Storrs, of Hartford, on July 22, 1872, with the following history of a traumatic stricture: Mr. S. was in the mounted service during the war. In 1863 contracted an abscess in the perineum, which resulted in a urethral fistula. In 1864, Dr. Blackman, in Cincinnati, closed the fistula. The operation was a cutting one, and the wound was left open to heal by granulations. Soon a stricture of the urethra followed, which was treated by the introduction of sounds at intervals. The stricture grew gradually worse, until no instrument would pass it. For the last six weeks the urine only dribbles away by drops, and not the smallest sound or even catgut will pass the stricture. The kidneys are disturbed, occasionally congested. The urine is pretty constantly albuminous, which is occasioned by the difficulty of passing water. For years he never had entirely emptied his bladder, as a residue was left, causing cystitis. The ureters were often filled with urine, producing disturbance of the kidneys. On examination, I found that a large steel sound No. 12 entered the meatus easily, and passed down to the seat of the stricture, which was six inches from the seat of the meatus. Whalebone bougies, catgut and other instruments of the smallest size were tried, but none passed the stricture. Next an examination was made with the endoscope. The large tube enters, with a little difficulty, a distance of six inches, where it encounters the stricture. On inspection, we see that the stricture is well formed, and a plastic exudation, like a duck's web-foot, presents a grayish white appearance, with elevations standing out like granulations. On the right side the remnant of the opening can be seen, very narrow, irregular, congested, irritated, and bleeding on slight touch. Next electrolysis was used with Drescher's galvanic battery. A bougie No. 6, the end of which had a metal bulb, was introduced to the seat of the stricture, and attached to the battery as the negative pole; the circuit was completed by the sponge electrode in the hand of the patient. The current was kept up for eight minutes, but the bougie would not enter the stricture. Then a bougie No. 3 was substituted, and passed into the stricture slowly, and worked its way until it was seven inches in the urethra. Here it could be felt distinctly that the bougie was at the end of the stricture, and it was then

pushed easily into the bladder to its whole length—nine inches. Hence the stricture was one inch long, from six to seven inches deep. After this operation he felt somewhat relieved.

"Aug. 12.—Battery of twelve cells for twenty minutes, with metal bougie No. 6, entered the stricture three-eighths of an inch, but would go no further, nor pass the whole stricture. Hemorrhage prevented further operation.

"Aug. 13. Has had a good night's rest. Urine passes with difficulty, and burns a little. No instrument will pass the stricture. Chloroform was given, and electrolysis used. A steel sound No. 7 as negative pole was introduced, and full twenty cells used for twenty minutes. At last the sound passed the stricture and into the bladder. Chloroform was then discontinued, and a bougie No. 15, with a metal end, and the other part insulated, introduced as the negative pole. The patient was conscious, and saw how the bougie No. 15 passed through the stricture into the bladder. The bougie was slowly withdrawn under a galvanic current of fourteen cells. The patient felt no bad effects afterwards, no pain. One hour afterwards he passed water. He left for home in a few hours.

"Sept. 9.—After last operation he has improved, and passed a steady stream of water, equal to about No. 3 or 4. But within the last few days he has grown worse, and the urine only dribbles away with difficulty and pain. Endoscope (large tube) shows an immense inflammation and irritation at the stricture, and many small granulations have sprung up; therefore it is thought not advisable to interfere operatively at this time, as no good result possibly could be expected under the circumstances. In order to allay irritation and gain space, urethral suppositories were ordered.

"Sept. 15.—Feels better; says in five years he has not felt so well. He passes water better, and is free from any irritation or pain.

"Sept. 17.—His constant hard labor in business, and the travels on the railroad, have excited the parts to such a degree that he has a relapse, and cannot void urine, which only dribbles away in drops. No instrument will pass the stricture, not the smallest. My friend, Dr. W. H. Maxwell, of this city, saw him in consultation, and coincides that an operation for his relief is unavoidable, but is not advisable here in a hotel, where our patient is without care, away from his friends. Consequently he went home, and on September 25th the operation was performed in Hartford, in the presence and with the kind assistance of Drs. Storrs, Fuller, Elsworth and Russel, all eminent practitioners of Hartford. Under chloroform another effort was made to overcome the stricture, which was still impassable to all

instruments. Then the electrolysis was used, but my usual bougies were not stiff enough, and becoming too flexible, might have made a false passage. Now the only alternative was a different form of electrolysis, with strong currents, to overcome the stricture, or perineal section. But as this latter plan could be pursued if the other failed, therefore electrolysis was decided upon. A steel sound No. 7 was introduced to the seat of the stricture, and the free end connected with the negative pole of the galvanic battery. The circuit was completed by a sponge electrode as a positive pole, and held firmly on his thigh. The electrolysis was kept up with twenty cells for nearly half an hour, during which time the sound made slow but steady progress. The advance was directed with one finger in the rectum, and only guided by the anatomical relation. At last the sound could be moved within the bladder. In consultation, the plan of the after treatment was decided upon, of which the important point was to keep the urethra open, and thereby to prevent adhesion. The patient was then left under the care of Dr. Storrs, to whose judicious treatment I am indebted for the final result. Dr. Storrs' notes are as follows:

"Wednesday night restless; first micturition only blood; second time, before daylight, a full stream. Ordered morphine, gr. ss.; dose every two hours.

"Sept. 26.—Morphine only two doses; pulse 120; sensibility of skin and thirst; urine in full stream.

"Oct. 1.—Urine with more difficulty; smaller stream and straining; pulse 80; catheter No. 3 passed, then a No. 5 was left for the night; suffering pain, and frequent vomiting.

"Oct. 2.—Catheter removed; patient fell asleep; when attempting to urinate, the flow ceased suddenly; after pain and straining, a calculus was voided; then the urine flowed in a large stream, and in an easy way, such as had not been known for years.

"Oct. 5.—Catheter No. 5, easy.

"Oct. 21.—Catheter No. 11, easy; considered well.

"Dec. 12.—Sound No. 12 introduced by himself.

"I firmly believe that the calculus voided by the urethra was encysted in the bladder near the sphincter, and that the electrolytic action loosened it from its encasement. The sudden stoppage of water on Oct. 2 was caused by the calculus dropping into the urethra. The patient has been kept under observation, and has remained well. Only to confirm the success, he passes, in long intervals of many months, a sound No. 12 into his bladder, and reports well.

"The first method, as described before, I practice now almost exclusively, and consider it the only safe one. I have about

thirty cases on record, of which the following, in brief, I will mention, as details would cause too much repetition:

"CASE 2045.—*Two Strictures, Complication of Syphilis.*—W. H. B., an actor of this city, came under my treatment in March, 1871. Found on examination two strictures at one and at five and a half inches. Had syphilis, which aggravated the strictures, and undoubtedly this complication caused the strictures to impart a feeling of cartilage, which brings them almost under the calcareous species. The patient received constitutional treatment, and a few seances of electrolysis cured the strictures. He has been heard from recently, and has remained well.

"CASE 2092.—*Two Strictures. Chancroid. Failure of Dilatation. Successes with Electrolysis.*—R. A., a hotel keeper, came under my treatment in March, 1872. Had been treated in the country for stricture by dilatation, with no success. Found a chancroid in the urethra, which was treated first. The two strictures were found situated at one and a quarter and four and a half inches from meatus, respectively.

"Mar. 22. Electrolysis was used with a bougie No. 10, with a metal bulb as negative; positive electrode in the palm of the hand. Ten cells of the galvanic battery were used for nine minutes, and the bougie passed slowly through the strictures into the bladder.

"April 14. The operation was repeated with a bougie No. 12. The patient has been heard from only recently, and has not had a relapse.

"CASE 2098.—*One Stricture, Spermatorrhœa, Impotence, Melancholia.*—March, 1872: R. T., merchant, in Philadelphia, came to my office in an advanced stage of hypochondriasis, complaining of general malaise, spermatorrhœa, impotence, small stream of water, pain in the urethra, etc. A steel sound No. 12 entered the urethra easily, but was arrested at seven inches. Sounds of smaller size were all arrested likewise at the same point. There is no doubt that a stricture exists, and at last a sound No. 7 passed it with difficulty. The trouble must exist either at the junction of the membranous and prostatic portions, or in the latter. Galvanism was used with ten cells. Bougie No. 10, with metallic end as negative into the urethra; met the same obstruction at seven inches. The positive pole was a nickel bulb, and grasped firmly with the closed hand. After five minutes of the electrolytic current, the bougie passed the stricture slowly, and slipped into the bladder. The withdrawal of the bougie was followed by a thick gleety discharge. It seemd that this matter had accumulated behind the stricture, irritates the prostatic portion and the ducts, and thereby was accessory

to creating a spermatorrhœa. On passing water, shreds came along of a thick, white mass, which were the product of electrolysis. The operation had not caused pain, and the patient traveled home without any unpleasant feeling.

"April 16. On examination with a sound No. 10, found the stricture at the exact place. The sound passed the stricture after persistent and patient efforts.

"Then the galvanism was used as before, with a bougie No. 12 as negative, and with the same result.

"May 9. In Philadelphia, a sound No. 12 could be easily passed into the bladder, which proves that the stricture is cured. The patient has been kept under observation for two years, and was seen only two weeks ago; he is perfectly well; has been married since, and is the father of a healthy child.—[Impotence cured.—PITZER.]

CASE 2129.—*Gonorrhœa and Stricture.*—July, 1872: M. M., merchant, has a gonorrhœa for four months, which has been aggravated by strong injections, which was followed by phymosis and epididymitis. On examination, found a large urethra; at one and a half inches a stricture which permits the passage of a No. 9 sound; at five inches a soreness is encountered, which was afterwards diagnosed by means of the endoscope, as granular urethritis. After proper treatment of the complications, the stricture was cured by electrolysis in three sances, as follows:

"July 30. Galvanic battery ten cells. The bougie No. 12 absorbed the stricture in five minutes.

"Aug. 17. Bougie No. 13 passed the stricture in five minutes, during which the galvanic current was gradually increased to fourteen cells.

"Sept. 14. Galvanism with nine cells for eight minutes. Bougie No. 15 passed through the whole urethra slowly.

"Patient was ordered to introduce sometimes a No. 15, with an ointment, in order to overcome and heal the soreness of the urethra.

"He has been seen since frequently, and during the twenty months following the electrolytic treatment no relapse has occurred.

"This is a typical case, in which circumstances permitted the treatment to be carried out as recommended in a former part of this paper. The urethra of this patient has retained the calibre of No. 15.

"CASE 2155—*One Stricture and Gleet.*—Nov., 1872: Mr. P. had gonorrhœa fifteen years ago; cystitis with hæmaturia one year ago, and since a serous discharge, with diminished stream of water.

"Found one stricture one inch from meatus, which was cured with electrolysis in two sittings. Patient has left the city, and has not been heard from since.

"CASE 2162.—*Gonorrhæal Stricture*.—Dec., 1872: W. R. B., clerk, had gonorrhœa last spring. The discharge ran for five months. Last week had connection, and found on the following day a discharge; it has now run slightly for one week; stream of water is small; straining troublesome; *bougie à boule* enters into a pouch at two and a half inches; sound No. 11 encounters a stricture at five and a half inches; therefore, it seems that the discharge emerges behind the stricture and is caused by it. Conclusion is, the cure of the stricture will remove the discharge. Two galvanic applications were made at intervals of four weeks, after which a bougie No. 13 passed the whole urethra easily. The patient was dismissed as cured on Jan. 21, 1873. He has remained under observation and is perfectly well.

"CASE 2164.—*Simple Stricture*.—Dec. 30, 1872: H. B. S., from Connecticut; defective history; has one stricture at two and a half inches, which was restored to a normal state in one seance; on a subsequent visit was found well.

"CASE 2165.—*Three Strictures*.—Dec. 30, 1872: S. J., saloonkeeper, was brought to my office by Dr. Good.

"The patient has had strictures for a long time, which resist all dilatation; are tough, and cause painful micturition, with a small stream.

"Whalebone *bougie à boule* finds three distinct strictures at two, four, and five and a half inches, of a parchment feel.

"Galvanism was applied; the sponge electrode as positive pole was pressed in the iliac region, and a bougie with metallic bulb pushed into the urethra as the negative pole. In six minutes, with the current of fourteen cells, all strictures were overcome. Immediately after the operation, he passed water without pain or difficulty. The stream was full, and larger than he has had for many years. The patient has not been heard from since.

"CASE 2179.—*Stricture of Three Years' Standing*.—Jan., 1873: T. G., from Missouri, has a bad stricture at five and a half inches, of three years' standing, caused by a prolonged gonorrhœa.

"The treatment was tedious, and was retarded by the patient's imprudence. At last the galvanism absorbed the stricture, so that a sound No. 15 could be introduced easily into the urethra. The patient went home after three months' treatment, and has since reported well.

CASE 2192.—*Three Strictures*.—April 16, 1873: G. S. B.,



from Oneida Co., was sent to me by Dr. Good. *Bougie à boule* discovered three distinct strictures at two and three-quarter inches, at three and three-quarter inches, and at six and a half inches respectively. In withdrawing the small bougie No. 4, it remained engaged in the second stricture, and was decidedly fibrous. Strong fibrous bands held the extremity of the bougie firmly, and to disengage it, it was almost necessary to rupture that stricture to a certain extent.

"The electrolytic action was applied as in the other cases, and the bougie No. 8 connected with the negative pole passed slowly through all the strictures in five minutes. The patient reappeared two days afterwards, and reports marked improvement. He says he must return home, and therefore wishes another galvanic application. It is against all rules to repeat such an operation after so brief an interval; but necessity knows no rules. The patient had to go home, and felt so much better after the first operation that he desired a repetition, and promised to return as soon as necessary. Therefore an exception from the rule was made, and the galvanism applied again with an excellent result. The bougie No. 11 passed slowly through all the strictures in four and a half minutes. The patient passed a full stream of water, and felt marked relief. Before his departure home on the next day, he came again to state that he is well, feeling no soreness or fatigue. I heard from him in the fall, and he reported well.

"CASE 2204. — *Stricture and Gleet.* — June, 1873: J. R., saloon-keeper, is near his wedding; has a gonorrhœa, which, under the treatment of a druggist, grew worse; has also an abscess in the glans, near the frenum; has fever and pain in consequence of the inflamed urethra. After subduing the inflammation by internal means, the discharge continues. On examination with a *bougie à boule*, a stricture was found at four inches. There was a contraction, a hard, fibrous resistance. Galvanism applied; positive in hand, bougie No. 11 in urethra as negative, soon passed the stricture. Then an injection of water brought by its return a large semi-solid white mass, looking like dead skin thrown off. This was the product of the galvanic action, the real stricture absorbed. It had an alkaline reaction, fibrous in appearance, and looked like the core of a carbuncle. There is no doubt that a former gonorrhœa had caused the stricture, behind which a pouch had formed, which acted as a receptacle, and created a discharge, by which means the stricture grew worse. Now it is natural that no remedies adapted to gonorrhœa or gleet could have stopped the discharge; but the treatment of the stricture cured the gonorrhœa. The patient felt no pain from the operation, and was easier immediately. Two

days afterwards a sound No. 12 passed into the bladder, and no discharge followed. He married, received afterwards a little treatment, and all went on well. He has been under constant observation, and has remained in good health.

"CASE 2229.—*Three Strictures.*—Sept., 1873: Mr. E. S., New Haven, about twenty years since had a gonorrhœa; was treated only with medicines; had no injections and finally recovered. Twelve years ago had renal difficulties; passed acid formations from the kidneys, but never passed calculi. Two years ago the stream of water grew smaller by degrees, and sometimes he could not void urine at all. Was treated for stricture, but was not relieved. On examination, the *bougie à boule* encounters three strictures:

"*First*, at three and one-eighth inches, which is overcome by rotating, and directing the points to the anterior wall of the urethra. The bougie is not caught on the return, but slips easily back.

"*Second*, at five and a half inches, from which point the calibre of the urethra remains narrowed until the

"*Third* stricture, at six and a quarter inches, which is only overcome by bending into the curve, and slowly pushing and pressing forward. This last is the worst stricture.

"Oct. 3.—Galvanic battery used. A No. 13 bougie, with metal bulb as negative pole, passed through all the strictures in four minutes. The bougie, during the action of electrolysis, was firmly grasped by the strictures, and even by the prostate, and advanced slowly and by degrees into the bladder, so that the full measure of the bougie introduced was ten inches. The battery used was very weak, and therefore twenty cells were in operation. The positive sponge electrode was held in the palm of the hand. The electrolysis was kept up seven minutes in all.

"Oct. 21.—Galvanic application repeated as before; nine cells for ten minutes. The bougie No. 15 as negative had scarcely any difficulty, and entered soon through all the strictures.

"Oct. 31.—Slight galvanization. Bougie No. 15 entered easily, without detention or pain. The patient passes a large stream of water now. For other ailments he is still under treatment, but the urethra has had no relapse.

Other cases have been treated recently, and the record would not be so valuable, but I believe the clinical facts here recorded are sufficient basis for the theory elicited in the first part of this paper. And in conclusion, I can only repeat that I only recommend the first method as a perfectly safe one; and the success of the electrolysis depends mainly on the chemical decomposition or absorption by mild currents, very gradually increased, and repeated at sufficiently long intervals.

"New York, Feb., 1874.

ROBERT NEWMAN, M. D."

"Since my last report was written, August, 1882, almost daily new cases have been presented, and treated with the same uniform success as related in the former paper. Scarcely any simple cases came, and most of them were the worst and most aggravated strictures which can come under observation, and many patients were accompanied by their family physicians, who acknowledged that they could not pass such strictures with any instrument, no matter how small. In all case the strictures were passed by the electric bougie. This means that the absorbent power of the electrolysis enabled that size of the instrument to pass, which could not have been done without the aid of the electrolysis. To illustrate this power and the method, some selected cases will be related here:

"CASE I.—*Six Strictures of Twenty-five Years' Standing, Impassable by Instruments, Cured by Electrolysis.*

"October, 1882, Dr. D., æt. 57 years, a regular physician, practicing in Long Island, suffered with stricture of the urethra for over twenty-five years, and has been treated off and on, in the usual manner, with only temporary relief. He noticed the stricture first in 1857, which gradually became worse. Since 1877 he has been under the care of one of the most eminent surgeons, lately deceased, who during these years never could pass an instrument through all the strictures into the bladder.

"1882, October 17th.—Patient came under my treatment, complaining of having scarcely a stream of water at all, not being able to use a force sufficient to propel the water. The stream is very small, almost diminished to a dribble. Penis is cold and flabby. Meatus is large, admitting a sound No. 26, French. A small whalebone *bougie à boule* detects the whole urethra in an indurated state, scarcely free from strictures anywhere. The whole canal is a mass of strictures, with little intermissions, and the small bulb is arrested everywhere. The bougie passed with difficulty three distinct strictures, and was firmly grasped and arrested at the fourth, at five inches from the meatus. No instrument would pass this fourth stricture.

"I. *Electrolysis.*—The patient was kept standing, resting himself with one hand on the back of a chair, the other hand holding the electrode from the positive pole of the battery, and pressing the wet sponge cover against the thigh. A stiff electrode bougie, insulated, except the metal end, egg shaped, No. 11, French, is introduced into the urethra, the other end of the bougie is connected with the wire, which in turn is connected with and used as the negative pole of the battery, and completes the circuit. As soon as the bougie is arrested by the first stricture, the current of the electricity is slowly increased cell by cell, till the susceptibility of the patient tells that the current is

strong enough, without causing pain. During this seance ten cells were used for twenty minutes. There was slow progress, but the electricity worked its way through all the strictures, and at last entered the bladder. The current was kept up while the bougie was being withdrawn, and was held loosely in each stricture till it could be moved easily, and it was distinctly felt that the contraction was absorbed. The bougie was neither pushed nor pulled, only guided by two fingers of the hand. The work was thereby done entirely by the galvanism, without causing any pain nor a particle of hemorrhage. The patient was much pleased with the result, and passed water immediately in a good full stream. From this operation the seat of the strictures was ascertained to be as follows:

"First stricture, at  $1\frac{1}{2}$  inches from the meatus; second, at  $2\frac{1}{2}$ ; third, at  $4\frac{1}{2}$ ; fourth, at 5; fifth, at  $5\frac{1}{4}$ ; sixth, at 7.

"*November 8th.*—Since the last operation, about three weeks ago, patient has attended to his practice, and has felt better than for many years.

"II. *Electrolysis* was used in the same manner as before, with an electrode bougie, No. 14, French, which passed through all the strictures in ten minutes, while a current of ten cells [was working.

"*November 18th.* III. *Electrolysis* with a conical sound No. 17, as the negative pole, which after passing was replaced by a No. 17, French egg-shaped bulb. In withdrawing, the latter worked up and absorbed each stricture in turn, so that the instrument could be moved about freely without any restriction; ten cells were used for thirteen minutes. To use two electrodes in succession during one seance is against the rules, but was indicated in this case as an exception.

"*December 22nd, 1882.* IV. *Electrolysis.*—Bougie No. 20, French, with ten cells for ten minutes. Strictures were tight, but offer less resistance, and bougie soon passed through all of them. There is much improvement.

"1883, *January 5th.* — *Electrolysis.* — Bougie No. 21 passed easily; nine cells for twelve minutes.

"*January 19th.* VI. *Electrolysis.*—Bougie No. 23 for twelve minutes, with a current of eight cells, passed, but had to work each stricture separately.

"*February 13th.* VII. *Electrolysis.*—Bougie No. 26, French, with seven cells for eleven minutes, passed more easily than ever before. In four minutes had worked through all strictures, and passed into the bladder. Not the slightest pain was occasioned. The patient is in excellent health, has regained a natural stream of water with good force, and says he feels better now than he ever did during the last twenty-five years. Is well in every respect.

"CASE II.—*Four Strictures Fifteen Years Old, with Incontinence of Urine.*

"October 17th, 1882.—Mr. B., from Jersey, was brought to my office by Dr. Field. The patient has suffered for fifteen years without being cured by the usual methods. He is now run down, very weak, has lost flesh, is never free from pain, is constantly straining, and can neither pass water nor retain it. The urine dribbles away constantly from overflow, and thereby excoriates the tender skin, notwithstanding that the patient wears a urinal. The patient passes sleepless nights, and is in constant agony. At present no instrument will pass. On examination, I found that no instrument would pass the strictures. The exploring *bougie à boule* encountered a mass of hard strictures, which were passed only by manipulation, and with difficulty, and was soon arrested. Then a small filiform guide entered everywhere into lacunæ, which bled on ever so careful an examination, and at five inches from the meatus no instrument would pass any further. The family physician present said he knew that no instrument would pass any further than five inches. If he had been able to pass it, he would not have brought the patient to me. Electrolysis was then tried. The patient was placed on the operating table in a half recumbent position. The positive sponge electrode was held on the abdomen; the negative pole, in the form of a No. 14 French bougie, was inserted into the urethra. The electric current was gradually increased to eleven cells, and during seven minutes the bougie made steady progress, advancing slowly, and working its way into the bladder, to the great relief of everybody present. There were four distinct strictures, at three and a half, five, six and a half, and eight inches respectively from the meatus.

"October 27th.—Filiform bougie was tried in vain, it hung in lacunæ everywhere, and fearing to cause too much irritation it was abandoned. A whalebone bougie No. 8 passed easily into the bladder.

"Electrolysis was used, with a bougie No. 14, French, which, with a power of seven cells, worked slowly through all the strictures. The third stricture was very tight. Present, Drs. Field, Payne and Brush.

"The electrolytic applications were continued at intervals of ten days. In four seances up to November 28th, the patient has so much improved that he has gained fifteen pounds of flesh, which gives him normal weight; the water passes freely; the bladder is entirely under control, and the urinal discarded. He is well, attends to his business, and enjoys life.

"CASE III.—*Four Strictures of Twenty Years' Standing Cured by Four Seances of Electrolysis.*

"November 14th, 1882. — Telor T., æt. 62 years, residing in

New York City, came to me with a complete occlusion of the urethra, and consequent retention of urine. Has suffered twenty years with strictures, a consequence of urethritis. No treatment has cured him. The strictures became worse, so that recently he is in constant pain, having had retention and incontinence at the same time, the water constantly dribbling away, and incapacitating him for any work. The smallest instrument would not pass the stricture, but an electrode bougie, No. 14, French, worked its way slowly, with the power of twelve cells for seventeen minutes, through all the strictures and into the bladder. Present, Drs. Meier and Basset.

"December 20th.—After three electrolytic applications, the patient says that his stream is large, and he is better in every way than for the last twenty years. Soon after a bougie No. 23, French, passed easily.

CASE IV. — *Stricture of Ten Years—Rupture (Partial) of Urethra.*

1883, February 20th.—Dr. Munson, of Bridgeport, had the kindness to bring this interesting case to my office, with the following history: Mr. A., æt. 36 years, suffered from a stricture of over ten years standing, a consequence of urethritis, which off and on closes up. He is an inventor, and made himself an instrument for the dilatation of the stricture, consisting of a steel rod, surrounded by a spiral spring, which by turning was inserted into the stricture like a corkscrew. He felt the stricture closing up entirely, and used his instrument as he had done before. In giving another twist, he ruptured the urethra, which caused severe pain and hemorrhage. Micturition could only be performed imperfectly, merely by an overflow of the bladder, causing a dribbling away. The patient was brought to my office by his family physician, Dr. Munson. From the history of the case it was evident that the treatment most indicated for relief would be perineal section, but as the patient needed immediate relief, I tried the introduction of instruments into the urethra. Whalebone *bougies à boule* and guides of different sizes would not enter further than five inches, the seat of the stricture and rupture. Each guide entered and stuck in some of the pouches, but none entered or passed the stricture. Therefore the filiforms were abandoned for fear of creating more irritation and hemorrhage, and direct electrolysis tried. An electric bougie No. 12, French, as negative pole, was carefully introduced and manipulated in the urethra, while the positive sponge electrode, held above the pubes, closed the circuit of a galvanic battery of which seven cells were used. The bulb of the electrode glided by manipulation over the partial rupture of the urethra and engaged itself in the stricture, where it advanced slowly, absorbing

and finally passing. The patient was nervous, but held still, felt each movement as the bougie advanced, without any pain, nor was a drop or a show of blood drawn. Immediately after this operation, the patient passed a steady, good stream of water, such as he had not seen for years.

"The electrolysis was used for ten minutes. Rectal suppositories of belladonna were ordered.

"*March 6th.*—Since the operation the patient has felt comfortable, and the stream of water has increased in size. Electrolysis, with a bougie No. 14, French, was worked for twenty minutes with eleven cells, and passed the stricture slowly, absorbing considerably the indurated masses. On April 10th, Dr. Munson reported the patient much improved, and doing well.

"Aggravated cases, like the foregoing, and others with different complications, I see often, almost daily, so that I could tabulate hundreds of them. The operation never causes pain, nor detention from ordinary business, which often surprises the patient. A physician residing in Connecticut wrote me on his return home: "I was much surprised to find that there was less irritation after the use of electricity than after the introduction of the simple sound. The annoyance caused by the electricity was simply zero."

"Since my article was written last summer, I have received many reports from eminent practitioners that they have either adopted my method, or have practiced it independently with equal success. Among others, Dr. D. A. Farrand, of Detroit, Mich., writes, Oct. 6th, 1882, that after reading my article, he has operated with electrolysis on about eighteen strictures with very gratifying results. Great pleasure was given me in a letter from Dr. Hutchinson, of Providence, dated September 28th, 1882, in which he says he has operated in 21 cases in the last six months with unvarying success.

"By the unique good results, the method of electrolysis in the treatment of strictures is fully tried and established; every day brings new converts and new friends.

"I will conclude this article with some rules, as a safe guide to practitioners who wish to adopt the treatment of electrolysis in stricture of the urethra, which will also serve as answers to numerous questions received from correspondents.

"For the positive pole of the battery a carbon electrode is used, covered with sponge, moistened with warm water, and held firmly against the cutaneous surface of the patient's hand, thigh or abdomen.

"For the absorption of the stricture the negative pole is always used.

"Electrode bougies are firm sounds insulated, with a hard-

baked mass of rubber; the point is a metal bulb, egg-shaped, which is the acting part in contact with the stricture. These electrode bougies are made by Geo. Tieman & Co., as also by H. H. Stammers, and other instrument makers.\*

“The curve of the bougie is short; large curves are mistakes.

“The plates must be immersed in the battery fluid before the electrodes are placed on the patient, and raised again after the electrodes have been removed.

“All operations must begin and end while the battery is at zero, increasing and decreasing the power of the current slowly and gradually; avoiding any shock to the patient, or any interruption of the current.

“Before operating, the susceptibility of the patient to the electric current should be ascertained.

“The problem is to absorb the stricture, not to cauterize.

“At first it is best to operate only by the first method of absorption, ‘*weak currents at long intervals.*’

“The exact number of cells to be used can not be given, it must be regulated according to the work to be done. As a general rule six to twelve cells may be used.

“The seances should be held at intervals, not too frequent in succession.

“The best position for the patient to assume during the operation is that which is most comfortable for him and the operator.

“I prefer the erect posture, but the recumbent, or others, may be used.

“Anæsthetics I like to avoid; I want the patient conscious, so that he can tell how he feels.

“Force should never be used; the bougie must be guided in the most gentle way; the electricity alone must be allowed to do the work.

“During one seance two electrodes in succession should never be used.

“All strictures are amenable to the treatment by electrolysis.

“Pain should never be inflicted by the use of electrolysis; therefore it should not be applied when the urethra is in an acute or even subacute inflammatory condition. In order to have success with strictures it is necessary to be a skilful surgeon, who understands the anatomy, and is master in handling the instruments. For our purpose the operator must also be an expert in electricity besides a surgeon. Some of our young men consider themselves surgeons after buying a new set of instruments in a rosewood case. If they do an operation bunglingly they condemn a good method. And some old men

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\*Aloe & Hernstein, of St. Louis, keep them.



never wish to adopt any innovation, because they have not learned it at college. But old men must die off, and progress can not be hemmed in.

"New York, May, 1883. • ROBERT NEWMAN, M. D."

We regard this method of treating stricture of the urethra of great value, and since the appearance of the first edition of our work on electricity we have verified the truth of Dr. Newman's methods, and regard his papers as a valuable addition to electro-therapeutics, or electro-surgery, as we may please to call it.

G. W. Overall, M. D., in a clinical report to the *Mississippi Valley Medical Monthly*, gives us a very good example of this treatment. It is Prof. Newman's method, and reads as follows:

"GENTLEMEN:—I have before you C. L., white, aged forty-four, Canadian by birth, tailor by occupation. His history is briefly as follows: In 1863 he had gonorrhœa; in 1870 the first symptoms of stricture were manifested; in '74 he was operated upon by gradual dilatation, which treatment lasted six months. He then began to have incontinence of urine and suffer considerable pain on micturition. In about five months thereafter he again found that he could not pass his urine without considerable difficulty. This condition continued until 1878, when he was operated on by urethrotomy and dilatation. The caliber was kept patulous for about two years, when it again closed, and he has been suffering with his urine percolating, drop at a time, ever since. When admitted to the hospital a few days ago, he was having paroxysms of intermittent fever, in addition to his stricture.

"I find, on examination, that the meatus is very much contracted, and as the stricture will not admit a No. 1 sound (Am. scale), I will take a very small olive, equal in size to about a No. 6 sound; I will screw this on to the end of my stiff urethral electrode, which is insulated with vulcanized rubber. I much prefer this to the flexible. I use the constant or galvanic current, attaching the urethral electrode to the cathode, while I attach the sponge electrode to the anode, which the patient holds in his hand.

"I now pass the electrode into the urethra, before the current is made, and continue it down till it comes in contact with the stricture. I make the current with four cells in the circuit. He does not feel this in the urethra, so I will increase the number, one cell at a time, until I now have nine cells, and he feels a slight pricking sensation. It is important to note the time the current passes. I increase the number of cells to twelve. He

still suffers no pain. I keep the electrode pressed firmly, but not using any force, against the stricture. The current has been passing eight minutes, and I can feel the electrode entering the stricture. It is now seventeen minutes since the operation was begun, and it has passed into the stricture about an inch, but not entirely through. Although he has no pain, the current has passed as long as is practicable, so I withdraw it, having previously broken the circuit. I do not pass it longer, as it might be followed by hemorrhage and slight inflammation. I introduce a No. 11 sound. It passes as far as the electrode did, but no further. We will now allow him to pass his urine, and see if he can pass it any better. It only passes in drops, as before the operation, but he says it drops faster than it did previously. He has no hemorrhage nor pain. The operation is not complete, so I will have to finish it in about six or seven days.

"April 19th. Dr. Watson (the resident hospital physician), as well as the patient himself, tells me that on the morning of the 13th, the day after the operation, he passed a very good stream, and has continued to do so since.\* I now introduce a No. 12 sound, and find that it does not pass further than the electrode did at the previous operation. I pass the urethral electrode with an olive on the end, equal to a No. 11 sound, and make the current with six cells, then increase to nine, when he begins to feel the pricking sensation. The electrode passes into the bladder; I break the current, withdraw the instrument, introduce a No. 12 sound, and find that it passes into the bladder without meeting with any resistance. I will allow Dr. Watson to enlarge the meatus, when a much larger sound can be introduced.

"One peculiarity of this operation is that the caliber of the urethra, where the stricture was before the operation, is generally larger than any other portion of the canal. The patient has been working in the hospital ever since the operation, and says he can pass as large a stream as he ever could, and without any trouble. I now consider him entirely cured. You very naturally ask, how does the current act towards effecting a cure? I have shown you, in my experiments at a previous lecture, the electrolytic effects of the galvanic current in passing through different salts in solution. I took, as you remember, the chlorides of pot. and sod., etc., and by passing the current through them they were decomposed into their chemical elements—the electro-negative elements, as chlorine, oxygen, the acids, etc.,

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\* The resident physician informs me that on the 15th ult. my patient had a chill, but as this was three days after the operation, and as he had been having them before, it could not have had any connection with the operation.

going to the anode, and the electro-positive elements, such as nitrogen, hydrogen, and the alkalies, passing to the cathode. Then I took the white of an egg, which contains the various electrolytes in solution, and by passing the current through it I had the same results. It was also evident to the observer that the changes that took place at the two poles were very different. Around the anode there was a firm coagulum, the result of the combinations of the various electro-negative elements, as the acids, etc., both with the metallic electrode and the albumen of the egg, while at the cathode the electro-positive elements were escaping in the form of gases, etc. Now the hypertrophied tissue of a stricture contains these various electrolytes, which are decomposed by the current in the same way, and the elements are either eliminated as gases, and pass out through the urethra (which I frequently feel in passing a strong current), or are absorbed by the blood. You can readily understand now why the urethral electrode is always attached to the cathode, because, should you reverse the current, you would not only not benefit your patient, but do incalculable damage by causing new deposits in the urethra, and a worse stricture than you had at first. The advantages of this operation over others are that it is almost painless, that it is seldom or never (when cautiously handled) followed with any inflammation or after-trouble, and that, *in my opinion*, the cure is permanent."

From these reports any ordinary intelligent person can learn the principles and theory and practice of electrolysis in stricture.

In the treatment of impotence, when it depends upon urethral stricture, this is *the* treatment for a radical cure. If healthy sexual function does not return upon the cure of the stricture, then the method described in a former paper, appearing in the *AMERICAN MEDICAL JOURNAL* for December, 1883, should be adopted.

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**ART. VIII.—Oil of Cade as a Surgical Dressing—Cases in Practice.—By PROF. E. YOUNKIN, M. D.**

In my opinion, we have but few antiseptics equal to the oil of cade as a dressing in injured parts, old ulcers and conditions with suppurating tendencies. I was led to the use of this remedy in surgical practice simply by way of experiment, and I must say that it has far exceeded my most sanguine expectations.

Permit me to report the following cases, which will give an idea of its use and the results:

CASE 1.—Wm. Tibby, aged fifty-five years, of the nervous temperament, while at work in a box-factory thrust the back of his left hand against a circular saw that was running at full speed, Oct. 18th, 1883, and tore off all the soft tissues, skin, tendons and flesh of the dorsum of his hand, and crushing the second, third and fourth metacarpal bones, leaving but a few splinters of these bones lying amid the lacerations.

The man plead for his fingers to be allowed to remain. I severed the ring finger from its remaining palmar connection, picked out all the loose bone, nipped off the sharp points of the remaining fragments, took away the lacerated tissues, and dressed with boro-thymol solution, antiseptic gauze and absorbent cotton. While the parts progressed favorably from day to day, there was much suppuration, and finally began to emit a bad odor. Desiring something more of an oily nature as a dressing, I used, for a few days, carbolized oil, but this was insufficient to keep down the smell, though dressed every day.

I now saturated the gauze with the oil of cade, and over the injury I placed three or four layers, and over these absorbent cotton. This corrected the fetor, promoted a creamy pus, and kept the granulations in a healthy state. I found that the cade dressing kept the parts sweet four times as long as any other. The hand is now healed, and I have been so highly pleased with the effect of cade that I am now using it extensively in lacerations of the hands and feet, and as a dressing in amputations. One other advantage is that it is cheap.

CASE 2.—Mrs. Saunders, aged forty-eight, sanguine temperament, came limping into my office on October 24th, 1883. Said she had an ulcer on her leg of three years standing, and that it had become so painful that something must be done. I found the ulcer over the internal malleolus, the size of a silver dollar. It was emitting an ichor, the surrounding parts were red and swollen. The veins of the leg and foot were in a state of varix. The patient stated that she was compelled to be on her feet about all the time.

For five days in succession I dressed this ulcer with mild zinc ointment, and a muslin roller-bandage, without the least appreciable benefit.

I now saturated my gauze with the oil of cade, applied absorbent cotton and the roller-bandage. By the next day there was a marked change, the surrounding inflammation subsiding, and a better appearance of the granulations. I continued the dressing, renewing it daily until Nov. 16th, when there was effected an entire cure. Just twenty-two days from the beginning of treatment, and but nineteen days use of the cade.

CASE 3.—Mary Hogan, aged thirty-five, lymphatic temperament, a cook in a boarding house, came to my office Oct. 28th. Had varicose ulcer of left leg, irritable and painful, limb swollen. She said that she had been using the rubber roller-bandage, and dressing the ulcer with simple ointment, but it was getting worse all the time. She said she was compelled to be on her feet from four o'clock in the morning to ten at night. I told her that I feared I could not heal the limb unless she rested and remained in the recumbent position. She replied that this was impossible. I ordered a daily dressing of the oil of cade, with absorbent cotton and the roller-bandage. I dressed it for her, and showed her how to apply it. The ulcer healed in twenty days. The roller-bandage was continued.

CASE 4.—Gust. Peipher, a brick-layer, aged fifty-two, came Aug. 13th. Had received a shell-wound in the army, which tore off the inner and upper portion of the calf of the leg. Since the accident the parts have remained as an ulcer not disposed to heal. Many physicians have tried their skill upon it, but no benefit has been derived. The denuded surface, as big as the palm of the hand, was covered with uneven or proud granulations. My first prescription was: *R.* Boracic acid, ʒj.; iodoform, ʒij. *M. et S.* To be sprinkled over the surface once a day, and dressed with Lister's gauze and absorbent cotton. To continue the treatment a couple of weeks. This had the effect of changing the appearance of the granulations to a more healthy state. I now used the oil of cade as a dressing, with occasional sprinkling of the powder of boracic acid and iodoform. The parts, at this writing, have healed over one half, and bid fair for an entire cicatrization in a short time.

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For late Medical Books, see advertising page v.

## EDITORIAL.

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### **Diphtheria.**

All who feel so disposed may experiment with drugs in the treatment of this disease; may test this and that, and seek for what homœopaths call "the right remedy," but we rely upon the same plan detailed in last year's JOURNAL—euchlorine, quinine, weak toddy, milk punch, or egg-nogg. Local measures are not of much value in diphtheria. They help a little, if properly handled. To be successful with this disease, we must reach the blood with a powerful antiseptic. Euchlorine is the best. And then to prevent sinking from weakness of the heart, or failure of the respiratory function, quinine and alcoholic stimulants are frequently required.

Euchlorine is prepared and administered in this way: Put half a drachm of pulverized chlorate of potash in a clean, dry four-ounce bottle. Into this bottle, upon the chlorate of potash, drop ten drops of muriatic acid. Close the bottle with a good cork immediately, shake a little, let stand about five minutes, then remove the cork, quickly pour a little water into the bottle, return the cork and shake the bottle, then uncork and add a little more water, and go on with this process till the bottle is full.

Upon adding muriatic acid to chlorate of potash, a beautiful greenish-colored gas is generated, which soon fills the bottle, and if the cork is not very tight it will be forced out of the bottle. The odor of this gas, which we call euchlorine, is very pungent, and its manufacture is rather an unpleasant task. Water absorbs it rapidly, and by adding slowly but little gas is lost, for it is absorbed by the water instead of being forced out of the bottle.

Now, we give this mixture in teaspoonful doses, every hour, to children five, seven and nine years old. For smaller children we dilute it a little—sometimes one-half. For adult patients the

mixture may be made double strength—one drachm of chlorate of potash, and twenty drops of muriatic acid, for a four-ounce mixture.

If the pulse grows weak, and breathing hard and slow, we give the toddy or milk punch referred to, continuing the euchlorine mixture. And in such cases it is hard to say just how much alcoholic stimulant to give these patients. But they can bear stimulants well, and actually require them. And quinine is well borne also.

Now, this is our plan of treating diphtheria, and when we have exchanged it for other plans in severe cases, we have as frequently been disappointed. We verily believe that this is the most successful treatment now practiced in this country, and we have nothing but clinical reports to reckon from. To be sure, some die under this treatment, and we cannot save them. But the same is true of all other plans of treatment. The only question is, can we save a larger per cent. with this treatment than with other methods? We think we can.

Salicylates are too prone to prostrate. Phytolacca, aconite, eucalyptus, mercurius, bichromate of potash, permanganate of potash, and a host of other remedies, are employed in the treatment of this disease, and we have experimented with most of them, and think some of them may aid us materially in certain cases, but our principle reliance is euchlorine and stimulants; and quinine and whiskey are the best stimulants.

Sedatives should be used with great caution in diphtheria, even in the first stages, when there is a high state of febrile movement. They are not very safe. Euchlorine, stimulants and quinine *are* safe.

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### **The American Medical College.**

The commencement exercises of this college will be held on the evening of February 28th, 1884. The exercises will be public, and a general invitation is extended to all who take an interest in medical education. The programme, announcing place, etc., will be published in due time.

A fine class is making ready for this interesting event, and we expect a good time. The American Medical College looms.

### New Books.

We call special attention to the new books named on advertising-page xiii. Prof. Merrell's work is one of the most valuable contributions to medical literature that has ever been offered to the profession. Dr. B. L. Yeagly, in reviewing this book in the *Keystone Medical Journal*, writes as follows :

"Full and explicit directions are given for collecting and preserving organic medicinal substances, designating the ones that should be used fresh, ones that should be partially dried, and ones that should be completely dried, the proper solvent to be used in each, so that the preparation made shall in all cases be uniform in strength, representing its own weight of the drug from which it is prepared.

"It is impossible in a brief notice to convey a just impression of the merit of such a book as the one under consideration ; but suffice it to say that to the physician or pharmacist who is in need of a practical pharmacopœia of standard authority, embracing that which is most modern upon the subject, the one above mentioned will prove most complete."

In his review of Prof. Merrell's book, Prof. Scudder says:—"Plain, simple, clean, desirable tinctures, of uniform value are what we want, and what Dr. Merrell proposes. \* \* \* It is well written, clean, good proof-reading, and does credit both to the author and publisher."

Nobody can place a proper estimate upon this book till a copy is in hand. Free of postage, \$4.00.

Address DR. GEO. C. PITZER,  
1110 Chambers St., St. Louis, Mo.

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### B. Keith & Co.

Our readers will notice a new advertisement under this heading. Read it.

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### Medical Colleges Refused Recognition.

The Missouri State Board of Health, at its session January 8, 1884, in Jefferson City, after a careful investigation, adopted resolutions refusing to recognize the following institutions or medical colleges: The Joplin College of Physicians and Sur-



geons; the St. Louis Eclectic Medical College, of which G. H. Field is Dean; the American Eclectic College, of Cincinnati, O.; the Kansas City Hospital Medical College.

It was hardly worth while to mention the St. Louis Eclectic Medical College, of which Geo. H. Field was Dean, for it has been closed up for many weeks, and there is no probability of its ever being revived.

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### **Chorea.**

On page 54 in our work on Electricity, under the head of central galvanization, chorea is mentioned as one of the diseases amenable to this treatment, and with certain precautions and modifications we are prepared to commend it highly.

Powerful batteries are not required for successful treatment of this kind. Indeed, we are apt to use electricity too strong in these cases, as well as in many others, and then evil instead of good results are always realized.

We use galvanism only in chorea. So far as our experience goes, the faradic and static forms of electricity are not so effective here. We use large sponge electrodes, and very mild currents—from two to eight cells, according the age and impressibility of our patients. Children from five to seven years of age rarely bear without complaint more than two to four cells; and older patients—nine, twelve and sixteen—will not require more than four, six or occasionally eight cells of an ordinary Stohrer, McIntosh, or Daniell. While there is greater quantity in the Daniell, the action is not so quick, and the current milder, and patients can bear more cells from this battery than from others. But the fourteen-cell bichromate battery, double-size elements, as made by Aloe & Hernstein, answers a fine purpose.

In making the application, the sponge electrodes should be well wetted with water, and the hair on the head of the patient should be moistened also. Salt water is preferred for these purposes by some, but we can get all the effect we want in using plain water, and it is more convenient. Now, if the chorea is confined to one side of the body only, the positive pole of the battery is placed on the side of the head, above the ear, opposite to the affected side of the body, and the negative electrode placed in

the hand of the affected side. This is all done while the battery is at zero. After the electrodes are properly fixed, we take into the circuit one or two cells at a time, till two, four or eight cells are included, as may be required, carefully observing the behavior of the patient, that we may avoid the results of too strong currents, or too long continuance. It is a good practice to test the impressibility of these patients as described on page 52, Electricity. From three to six minutes is long enough for any application of this kind, and they should be made daily.

If both sides of a patient are involved, then we should apply the treatment to both sides alternately—a minute or two on one side, and then a minute or two on the other side. In changing from one side to the other, we should disconnect the battery, or turn it to zero before we remove or change the sponges. This is done to prevent a shock in breaking the current by suddenly lifting the sponges.

Under this treatment alone nearly all chorea patients begin to improve at once, and if the treatment is continued, in harmony with other appropriate therapeutic measures, such as the judicious use of arsenic, cimicifuga, chloral, etc., we need not fear of success. While we might cure with medicines alone, our observation warrants us in stating positively that with the additional use of electricity this disease is materially shortened, and the cure made comparatively easy.

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#### **Direct Medication.**

Positively, with the March issue of the JOURNAL we continue the papers on Direct Medication, and shall go on with them till finished. Other matters, that cannot be explained here, have prevented us from proceeding with these papers as we so much desired, but now we are over all this, and the papers will be furnished.

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### *MISCELLANEOUS PARAGRAPHS.*

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#### **Post-Graduate Medical School of New York.**

This school is a success. It has been compelled to remove from its present quarters to more commodious ones, and will,

on or about February 1st, 1884, occupy its new apartments in East Twentieth Street. The new building is of sufficient proportions to admit of their combining hospital with school advantages.

T. E. SATTERWAITE, M. D., Secretary.

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#### **Tongaline.**

F. F. Lord, of San Francisco, Cal., states: "Having used your Tongaline exclusively in my practice, I can cordially recommend it to every medical practitioner for cases of facial neuralgia, especially that of fifth nerve, (trifacial trigeminous), where I have found it to produce the desired result in every instance even when all other remedies had previously failed."

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#### **Curative Electricity.—The Kidder Apparatus Still the Best in the World.**

The large extent to which electricity is now utilized in various departments of medical treatment has been the means of inducing a good many concerns that are not properly equipped for such work to go into the business of making electrical instruments. Such concerns turn out apparatus that is really not worth using and that causes nothing but disappointment where it is used. It is important for those who want to get the very best results to stand by the old reliable system invented by Dr. Jerome Kidder and now controlled by the Jerome Kidder Mfg Company of 820 Broadway. The late Dr. Jerome Kidder was probably the ablest man who ever gave attention to modern electro-medical science, and his apparatus have certainly never been equalled. They have won the chief honors wherever they have been exhibited, notably on the following occasions:

The highest award at Centennial Exhibition, 1876, highest award at the American Institute, of New York, from 1872 to 1883 inclusive, and in 1875 the gold medal for the best electro-magnetic machine, either in this country or abroad. Also four silver medals, highest award given at Cincinnati Industrial Exposition of 1881 and 1882 and silver medal in 1883. Silver medal awarded at Charleston, S. C., Exposition of 1882. Also the

highest medal at the Exhibition just closed at Louisville for the "best electro-medical apparatus. Prof. Ogden Doremus and other high scientific authorities have declared in the strongest terms their opinion that the Kidder batteries are unequalled for all curative purposes—and in fact there cannot be any justly founded contrary opinion.

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**The Eclectic Medical Society of Missouri.**

The Eclectic Medical Society of Missouri will hold its fifteenth annual session in St. Louis, February 27th and 28th, 1884, in the rooms of the American Medical College.

*It is earnestly hoped that every friend of progressive medicine may find it convenient to attend this meeting of the society.*

The commencement exercises of the American Medical College will be held on the evening of February 28th, 1884.

The time and money expended in attending our State Association is time and money well spent.

Do not feel slighted if your name does not appear on this programme. It is hoped that all the members attending may have something to offer on some subject; and if they have not been assigned a subject, they are earnestly solicited to select one, and come to the convention prepared to offer some thought or thoughts for discussion.

The following persons are designated and expected to prepare papers on the subjects assigned:

*Programme.*—Hip Disease—Prof. E. Younkin, St. Louis, Mo.; Contrast, Then and Now—S. S. Carr, M. D., Buffalo, Mo.; Eclecticism and Medical Legislation—J. T. McClanahan, M. D., Booneville, Mo.; Therapeutics vs. Electricity—Prof. Geo. C. Pitzer, St. Louis, Mo.; Bronchotomy—Crebbs, M. D., Peirce City, Mo.; Infanticide—R. L. Galbreath, Carthage, Mo.; Hydrophobia—A. Merrill, M. D., St. Louis, Mo.; Veratrum and Belladonna, their Uses and Abuses—G. H. Matchett, M. D.; Cerebro Spinal Meningitis—Geo. M. Seigenthaler, M. D., Leasburg, Mo.; A paper on some surgical topics—Geo. D. Coe, M. D., Kirksville, Mo.; Vaccination, C. O. Skinner, Defiance, Mo.; W. A. Cormack, M. D., Carthage, Mo.

*Officers and Committees of the Association.*—President, T. Hodge Jones, Lamar, Mo.; Vice-president, F. Fischer, M. D., Lockwood, Mo.; Rec. Secretary, R. L. Galbreath, M. D., Carthage, Mo.; Treasurer, E. Younkin, M. D., St. Louis, Mo.; Cor. Sec., R. R. Smith, M. D., Sarcoxie, Mo.; Foreign Sec'y, Geo. C. Pitzer, M. D., St. Louis, Mo.

*Memorial Committee.*—E. Younkin, M. D., St. Louis, Mo.; J. T. McClanahan, M. D., Booneville, Mo.; T. Hodge Jones, M. D., Lamar, Mo.

*Censorial Committee.*—S. S. Carr, M. D. Buffalo, Mo.; W. M. Gates, M. D., St. James, Mo.; John Mitchell, M. D., Carl Junction, Mo.

*Executive Committee.*—W. R. Coryell, M. D., St. Louis, Mo.; E. J. Williamson, M. D., St. Louis, Mo.

*Orator.*—Prof. E. Younkin, St. Louis, Mo.

In conclusion we call attention to the necessity of a proposition on the part of every one who feels the pride in our cause natural to true eclecticism. Let no one prove derelict at this time, but each and every one join to raise the Eclectic standard one year higher and place upon it our improved banner—"No theory but truth, and no ethics but justice."

T. HODGE JONES, M. D.,  
President E. M. Society, Mo.

R. L. GALBREATH, Sect'y.

### **Listerine.**

Listerine is a new combination of antiseptic agents which will, we are confident, give satisfaction whenever tested. We have subjected it to trial, and find it *more effective than carbolic acid* and free from unpleasant odor.—*St. Louis Clinical Record.*

### **Rhamnus Purshiana.**

The re-appearance of reports on this drug, which a few years ago excited such a considerable degree of professional attention, has characterized the periodical literature of the latter months of 1883. The cause of this renewed attention to this drug on the part of medical writers is more directly traceable to the interest which it has excited during the past year in Great Britain. The

*British Medical Journal* has contained a number of very flattering reports on its efficacy, and the other journals have contained similar reports. The drug seems to have obtained a very strong foothold among our conservative brethren of the British Isles, and judging from the reports which have been given of its action in their hands, it is fulfilling the requirements of a tonic-laxative in that country.

The *Therapeutic Gazette*, for December, contains a symposium on cascara sagrada, from which we select some facts which do not seem to have been very generally familiar. Dr. C. W. Tangeman, of the Medical College of Ohio, has subjected it to a series of physiological experiments, the results of which he contributes as follows:

1st.—Cascara sagrada, when given in small doses (fifteen to twenty drops), acts like a vegetable bitter on the stomach; it increases the flow of gastric juice, stimulates the peptic glands to increased action, thereby bringing about healthy gastric digestion.

2nd.—It acts on the sympathetic nervous system, sending an increased blood supply to the intestines.

3rd.—It increases, to a limited extent, peristaltic action of the bowels, but increases it very much in the colon, and especially in the rectum.

4th.—It has a specific action on the rectum in the way of peristalsis to cause this portion of the bowel to unload itself.

5th.—It does not affect the passage of the food in the small intestines any more than a bitter tonic would.

6th.—It is not a safe remedy in pregnancy or uterine disorders, especially when given in cathartic doses.

7th.—It does not affect the larger glandular organs, liver, pancreas or spleen, even when given in cathartic doses.

8th.—Hypodermically, the remedy will never produce the permanent good results in chronic constipation that are obtained when it is given by the mouth.

9th.—When employed subcutaneously it acts simply as an evacuant to the rectum.

10th.—The same quantity, given hypodermically, that produces marked effects when administered by the mouth will not have the same effect clinically or physiologically.

Dr. T. L. Wright, of Bellefontaine, O., discusses the peculiar applicability of cascara cordial, of which rhamnus purshiana is the base, in the treatment of the constipation of elderly persons. In this class of cases many of the symptoms which are usually associated by physical decay are directly traceable to constipation, and Dr. Wright has found that cascara cordial, through its tonic-laxative properties, removes this condition, greatly to the improvement of the person's spirits.

Dr. F. C. Herr, physician to the Southwestern Hospital, of Philadelphia, after extolling the value of cascara cordial in dyspeptic disorders, speaks very highly of the preparation as a vehicle for the administration of the more unpalatable drugs. He regards the encroachments of homœopathy upon regular medicine as largely due to the persistent refusal of the old school of practitioners, so-called, to accede to the demands of a sick public for palatable medicines. He has found in cascara cordial a vehicle which at once succeeds in disguising the taste of many disagreeable drugs, and at the same time meets the indication so commonly present for an easy and agreeable laxative. In discussing its applicability to the treatment of young children, he has found in this cordial a preparation which is calculated to supplement to a very large degree the "carminative bottle," which has been in so much demand among young children. These baby-mixtures are too often unsafe, and should be given with a spare hand, and if the cascara cordial shall be found on future trial to verify Dr. Herr's claim for it, it will indeed prove to be a very valuable addition to the physician's armamentarium.

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#### **The Oleate of Zinc.**

Dr. Wm. Murrell communicates to the London *Medical Record* an article by Dr. John V. Shoemaker on the "Oleates and Oleo-palmitates, given in Skin Diseases." He lends the article the endorsement of his approval, and gives his experience with the oleate of zinc, which he had his druggist prepare for him after Dr. Shoemaker's method. He pronounces the preparation thus made a very great improvement over the old so-called oleate. It is a fine, pearl-colored powder, with a soft-soap feeling, and very much like powdered French chalk. This powder,

mixed with thymol in the proportion of 1 to 500, and used as a dusting powder, forms an excellent application in many varieties of local sweating. Dr. Murrell has used it with much success in the treatment of night sweats in phthisis.—*Therapeutic Gazette*.

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#### **Kansas Eclectic Medical Association.**

Pursuant to adjournment, the sixteenth annual meeting of the Kansas Eclectic Medical Association will be held at Topeka, commencing February 5th, 1884, at 10 o'clock A. M., remaining in session three days.

The head-quarters of the officers of the association will be at the office of S. E. Martin, M. D., No. 110 Sixth Avenue east, where all visiting guests may receive any desired information pertaining to the society. The local committee, consisting of E. A. Tuttle, M. D., W. C. Hamilton, M. D., and S. E. Martin, M. D., will provide the place of meeting and hotel accommodations.

*Societies.*—Auxiliary societies will be entitled to five, and medical colleges to two delegates each. They are especially requested to send representatives, as important business relative to the profession will be transacted.

*Proposed Change of the Constitution.*—Due notice has been filed by "Dr." R. G. Carter, that an amendment to the Constitution and By-laws will be submitted at our next annual session, as follows; To change Article IV. of the Constitution, so it will permit members of the society who are not graduates in medicine to become officers of the association.

*Qualifications for Membership.*—Any physician in good standing who is a graduate of some regularly organized medical college, and holding a legitimate diploma, or who has been engaged in the reputable practice of medicine for five years, may, upon recommendation of one or more members of the society, and with the endorsement of the Board of Censors, become a member of the association. Traveling mountebanks, and persons presenting diplomas from disreputable colleges, will receive a cool reception.

*Appointments for 1884.*—The following persons have been designated as special essayists for the annual meeting of 1884.



Should any of them not be satisfied with the subject assigned, they may make their own choice. Necessity compels special appointments, and they are usually made out of the personal acquaintances of the presiding officer. At least it is so at this time. Yet we urge every member of the association to choose some topic and prepare an essay. There can be no lack of subjects. Every member has learned something new in medicine during the past year. Then please report it:

Use of Antiseptics in Medicine, J. H. Bonebrake; Vaginitis, C. N. Bishoff; After-impressions from Amputations, G. H. Brown; Cure of Remitting Fevers, S. B. Boyer; The Use of Emetics, E. Crosby; How to Remove Corns, D. Cunningham; Diabetes, R. P. Douglas; Medical Institutes, A. M. Eidson; Sanitation among the Mennonites, C. A. Flippen; Use of Alcoholic Medicine, L. M. Foster; Gelsemium and its Uses, J. L. Furber; Parasites, Mc Q. Green; Mind vs. Disease, S. D. F. Gurney; Gynæcological Improvements, H. Kerby; Gonorrhœa in the Female, O. C. Knight; Army Surgery, J. M. Marh; Uterine Displacements and their Treatment, D. B. McKee; Treatment of Ovarian Tumors, Wm. McMullen; How to Remove Warts, C. J. Montgomery; Improvements in Surgery, E. L. Patee; Specific Medication from an Eclectic Standpoint, R. C. Raymond; Pulmonary Calculi, S. M. Rolph; Diseases of the Nervous System, D. W. Scott; The Code of Ethics, W. C. Sweezy; Improvements in the Theory and Practice of Medicine, N. Simmonds; Asthma, E. Swartz; Ancient and Modern Eclecticism, T. J. Upshaw; Dyspepsia, J. M. Vaughn; Radicalism vs. Regularism, J. M. Welch; Pathology of Puerperal Fever, J. F. Wellman; Abortion, J. A. Willey; Early History of Medicine in Kansas, C. Williamson; Legislators as Educators, E. V. Wharton.

*Officers.*—President, T. Arthur Wright, M. D., Lyon county; First Vice-president, J. Milton Welch, M. D., Linn county; Second Vice-president, A. H. Vail, M. D., Wyandotte county; Secretary, Noah Simmons, M. D., Douglas county; Treasurer, S. E. Martin, M. D., Shawnee county.

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College Directors.—T. A. Wright, E. L. Patee, J. A. Munk, B. R. Mosher, J. M. Welch, W. H. Willhoit, D. W. Scott.

Directors of the *Kansas Medical Journal*.—N. Simmons, C. Williamson, S. T. Dodd, M. V. Yancey, T. A. Wright.

Editor.—J. Milton Welch, A. M., M. D.

### **Celerina.**

PLEASANT MOUND, ILLS., May 30, 1883.

I have had occasion to try the "Celerina," and have since purchased some from C. W. Watson & Co., druggists at Greenville, Ills., and find it to be the nerve tonic par excellence.

A. WM. VOGHT, M. D.

### **Method of Destroying the Fœtus in Cases of Extra-Uterine Pregnancy.**

Dr. Kochmann, of Strasburg, reports a case of extra-uterine pregnancy, six months advanced, in which the fœtus was destroyed by a single application of sparks from a static battery. The duration of the sitting was about fifteen minutes, and sparks about one and a half centimetres long were drawn.—*Med. Rec.*

### **Bromidia.**

Dr. Daniel R. Brower, Prof. Mental and Nervous Diseases and Medical Jurisprudence, Woman's Medical College, and Editor *Chicago Medical Journal and Examiner*, says: "I have been using Bromidia in my practice for several months and find it to be a *very valuable hypnotic*. The disagreeable taste of the chloral and the bromide are quite effectually concealed, and the depressive influence of the drugs on the circulation admirably counteracted by the cannabis-indica and hyoscyamus."

**Horsford's Acid Phosphate in Wakefulness.**

Dr. J. D. How, Haverhill, Mass., says:—"I have made use of Horsford's Acid Phosphate principally as a pleasant beverage for convalescents. The only special use I have made of it has been in nervous cases of inability to sleep; a sort of chronic wakefulness. In these cases I think I have seen great benefit from the steady administration of the acid, more so than from any other way of giving phosphorus."—*Drug World*.

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**Chromatic Acid in Affections of the Mouth.**

Dr. Cauquil, writing to the *Bulletin General de Therapeutique*, No. 12, vol. civ., concerning the employment of chromatic acid, as recommended by Dr. Butlin, in diseases of the tongue, states that he has also found it of value in stomatitis. He has used it with success in mercurial sore mouth, in the strength of one to five. In other cases of syphilitic pharyngitis with hypertrophy of the tonsils, he has obtained good results with the same solution.—*Mass. Eclectic Med. Jour*.

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**Viburnum Compound.**

Samuel A. Richardson, M. D., Marlboro, N. H., field surgeon of the 18th and 24th Army Corps, says of Hayden's Viburnum Compound that he thinks very highly of it, and that it would have been very valuable to him in many cases in his army practice where a stimulant and slight anodyne effect was needed. Dr. Richardson cites the case of a child far gone with Cholera Infantum where the Viburnum Compound gave the best results.

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**Arbor Vitæ.**

Spermatorrhœa is claimed to be finely under the control of this remedy (thuya occiden.) by Dr. Noble (*Therapeu. Gaz.*), who says he has used it in thirty cases, with but one failure. He uses the homœopathic mother tinct. in doses of 2 to 5 drops three times a day, in conjunction with proper diet, moral control of patient, and other needful accessories. He claims very flattering results to have been derived from this remedy, more than from any other used in the treatment of this affection.—*Georgia Eclectic Med. Jour*.

**Warner's Sugar-Coated Pills.**

It is of some importance that medicines should be administered in as small a compass and in as palatable a form as possible. We therefore hail with pleasure any improvement that is made in this department of pharmacy. To some of these pills we have given a fair trial. They are elegantly prepared, the sugar-coating being an especially grateful vehicle to fastidious patients, and we have found them to answer every purpose for which they are intended. We can, moreover, recommend the phosphorus pills, provided they are only taken under medical supervision.\* \* \* To say that they are a "valuable remedy for lapse of memory, *impotency*, loss of nerve-power, paralysis," etc., may induce the public to resort to these pills without medical advice, and to take more than is good for them.—*Medical Press and Circular, London.*

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**Listerine.**

Of the hundreds of new remedies which have been brought to professional notice during the past two years, none have stood clinical tests better than the antiseptic, listerine, which is the product of a St. Louis laboratory. Its therapeutic value stands unquestioned, and there is not a state in the union in which it is not freely prescribed. Formulated particularly for internal use, it meets the requirement for a preparation germicidal, yet non-toxic, and being of uniform strength, its advantages have been generally recognized, and in no place more heartily than at home by the best physicians of St. Louis. Lithiated hydrangea for kidney diseases and of the uric acid diathesis is the latest offering from the same house (Lambert & Co.) and is likely to reach the same popularity as their antiseptic.—*Medical Brief.*

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**A Wart Cure.**

The following is recommended by Vidal as another addition to the long, but unsatisfactory list of remedies recommended for the removal of warts. He bandages the wart-covered hands in flannel and green soap. After a number of such applications the warts are said to become soft, in which condition they can be easily removed.—*Therapeutic Gazette.*

**Tongaline.**

Dr. Ed. J. Rowe, Gentryville, Mo., states: "I consider Tongaline as near a specific in some forms of neuralgia as is quinine in intermittent fevers."

**Aphrodisiac.**

Dr. Ellerslie Wallace describes nux vomica as the great invigorator of the sexual organs. He gives the one-half to one grain dose of the extract of nux vomica three times a day after meals.

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## *ORIGINAL COMMUNICATIONS.*

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**ART. IX.—What to Call it!**—By W. L. WALLACE, M. D.,  
BLOOMING VALE, S. C.

I was called to see Mrs. P— on 22nd December. She was dreadfully swollen in the abdomen—great pain in and over the region of the spleen, with soreness over the liver. There was no œdema of feet, legs and hands; in fact, upon first sight it would certainly appear a case of ascites with visceral obstruction, and, as the lady had for several years past suffered with malarial fevers, pointed clearly to this conclusion. She is the mother of five living children and three miscarriages, and is now (at time of examination) five months gone in pregnancy. With these facts before me, I prescribed the usual remedies for such dropsical troubles. There was a large dropsical effusion in the folds of the skin in the lower part of the abdomen, which soon was relieved. Still the dropsy continued to increase, until it did seem that it was impossible for the good woman to live out a single hour. I despaired of even palliating her sufferings. On the night of the 26th I was hastily summoned to see her, to relieve if possible her agony. I found her suffering with pains like to labor pains, and I requested an examination per vaginam. The os was dilated about the size of a dollar piece, with strong uterine contractions. Soon the os was so far dilated as to admit a free examination with the hand, when I discovered an enor-

mous sac of water, in which could be easily felt floating the fœtus. The only alternative was to rupture the sac, which I did, and I speak within the bounds of truth when I say four gallons of water escaped in less time than it takes me to write it. The dropsy was all gone. I then took from her two dead fœtuses, about five months' growth, attached to one placenta; one of them was alike the mother, had dropsical effusion of the abdomen. In an experience of twenty-six years of practice, largely devoted to obstetrical practice, never has anything similar to this occurred. I have given you the simple statement of facts—a womb containing a sac holding four gallons of water, and two dead fœtuses of five months' growth attached to one placenta. After delivery, the good woman under iron tonics made a speedy and happy recovery.

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**ART. X.—The New Crop.**—By S. S. STAUFER, M. D., PHILADELPHIA, PA.

The new crop of doctors seems to be promising in every respect, unless it be the successful locating in practice. This of course, as usual, depends on circumstances. To review these circumstances is probably the most acceptable part to choose for this article. Medical Colleges in their announcements do not obligate themselves to teach business matters; and without business qualities a recent graduate is likely to lose every dollar already spent, and much more before he becomes established.

But if it is not the Medical Colleges' part to instruct how to establish a paying practice, whose business is it then? It has been noticed for the few past years that Medical Journals connected with colleges have been rather silent on this point, whereas those without such connection did draw rather a gloomy picture on the turning out thousands of young doctors every spring.

The *New York Medical Record*, Nov. 24, p. 574, represented them in comparison with "hook and line fishermen" against the present "drift nets," stretched almost from shore to shore; and encourages to war against the already established profession. It says—for self-protection, they may set apart spare hours in

their offices for the free treatment of the poor, and thus leave the dispensaries out in the cold. "What is right for any body of men to do, in advertising to give advice gratis to the poor, is right for a single individual." The assertion evidently has more force and justice than enlisting churches, or employing stool pigeons, which often fail in one and amount to nothing in the other.

To make it appear that the present improvement in medical teaching is already a sufficient weapon to war against fifteen to twenty-five years' practice, and journal reading, is the least chance for a new graduate.

The trouble with an army of graduates is this, that they rely almost altogether on their instruction obtained; and if that is wrong, they are wrong. Thus they struggle to make a living, until time, means and courage are exhausted.

It is absolutely correct that all graduates should subscribe for the medical journals connected with their colleges, as it is a reminder of what they have learned, seen and heard. But to give so little attention to what exists and happens outside of the college walls, that it does not justify publishers of the leading medical journals to offer a copy each to a class of students, is in reality their first unprofitable step.

It is said that the increase of population does not warrant such a large yearly increase of doctors; that they must at least in part fail, and undermine established practitioners.

The bulk of the present crop is instructed that there are no specifics in medicine, which amounts simply to this, that medication is guess work only. But perhaps few men have given their attention, of late years, more closely to the drift of medicine than I have. I may safely say that half the survivors in practice of this crop, in less than ten years, will not submit to be chained, by law or association, to any creed in medicine. It may also be safe to add, that medicine is not only drifting to independent, specific or direct medication, but towards exact medication. What reason should induce any physician to use complicated means, when already simple ones stay an epidemic and produce health and happiness in families.

This crop has already cost upwards of two millions of dol-



lars. The loss by failing in practice leads to discord in families. Usually it is entered as a lien on inheritance, which, if lost, is frequently not admitted by the young doctor as just. I am personally familiar with such a case, where there was only a sister. She claimed and secured the homestead to equal the doctor's expenditures. The brother's ill feeling made her unhappy. A marriage from a distance was proposed through a singular incident. She accepted it, and left. After some years she returned to her brother's home. Whether welcome or not, she was however entertained. When she departed she placed in her brother's hand a deed of the homestead, to relieve her mind.

Perfect machinery for manufacturing produces a surplus of goods, and requires competition in trade to work it off. But this does not appear to be the case in the practice of medicine. The perfection produces no surplus of cures.

That the new crop has to war against the established physicians does not appear to be necessary, while there is enough to do to war against patent medicines. But let the ammunition be more exact and effectual treatment, instead of legislation and running down the educated art of medicine—thus that there are no specifics or certainties in it.

There are many treatments of the various (or, as they are sometimes called, new) epidemics now in vogue, which will fall in less than a decade on account of their inaccuracies. Let the present crop keep an eye single on the movements and improvements of medicine, and it will be safe almost entirely.

The common ailments of women (*uterine diseases*) is the easiest department in medicine for a graduate to establish himself. This is a universal epidemic, prevailing all around the world, in the torrid and temperate zones. It has no regard for seasons or climates, color, race, poverty or wealth; it dreads not even to invade the princely palace. Nor is any department of medicine found in such confusion and handled with such uncertainty as this.

But the question may arise, can such a formidable epidemic be managed to satisfaction? Were it not so near press time, I would call up evidence in its support from the readers of this journal.

That this simplified treatment, or that which any properly educated physician can handle, is suppressed by some leading authorities and medical journals cannot be denied. The attention that Dr. Pitzer's article (and its reprint) in the December issue of this Journal, on *Diseases of Women*, attracted is abundant evidence how ready physicians are to accept uncomplicated instruction in this line of treatment, when they can obtain it from a known and reliable source.

But still this does not make it sufficiently plain how a graduate can establish himself by the treatment of uterine disease. I am glad that I can congratulate the graduates of the American Medical College that they have been shown the vaginal portion of the uterus as plainly as if located externally—and the mode of doing it in their future family practice. But I am not aware of any other portion of the present crop having had such a clear representation. It had been said by professors, to very large classes, that it was impossible to make such an exhibition. Upon the clinical table, surrounded with high benches and darkened with students, it is in reality impossible. But would it not be an easy matter for Drs. Pitzer and Merrell to go in any of these colleges, and place the table in an entry towards a good light, and let forty to fifty students pass and see the visible portion of the uterus in fifteen minutes?—a time not any longer than what patients are often kept on the table to lecture over and show nothing.

The possibility of view is thus easily settled—the treatment, however, not so easily, as there are several applications and theories that are effectual, and it is difficult to give any the preference. And yet suffering and family troubles arising through the sickly and undermined constitutions of women are still abundantly numerous.

We have the established fact that citizens own blocks of buildings in large cities, of which the caustic pencil has been the foundation stone. If the recent graduate adopts this theory, even in a changed or modified form, he has the advantage over the former that he can see where and what for he applies the application, even in the presence of husband or other members of the family, without the least exposure and trespass on

modesty. This mode of proceeding is so highly appreciated, above the former, that the physician not only becomes the favorite of that family, but also of its connections. This is one way, or some might say a half a way.

There is still another (also half). In almost any locality, not already taken up with simplified gynecology, procidentia cases are found, where no instrumental examinations are required for reduction, and the support is extremely simple. I know physicians who cannot be persuaded to learn to make a speculum examination, and yet raise retroversions, distressingly bed-ridden, simply by touch and support. Such is also sufficient to cause the newly located physician to be medically adopted in a community.

A joining of the two halves, and a true foundation will be laid for the superstructure of the new crop to build upon.

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**ART. XI.—Woman's Critics.**—By G. A. ROWE, M. D.

Woman seems to be a target especially adapted to the merciless arrows of man's morbid imaginative faculties. The man who cannot think of some criticising remark to make of every lady that passes along the street forgets the first principle that so beautifully characterizes our American gallant. He is stimulated with the belief no doubt, that the man without an opinion is unworthy of high honors in the estimation of his fellows; in other words, to be a man of notoriety he must be critic to weak and defenseless women.

It is probably fortunate for the willing critic that ladies are not always permitted to hear the various opinions expressed of them, for, whilst such opinions might occasionally lend something to their instruction and improvement, I am reluctant to think they would always be received with that degree of complacency with which Paul might have received them. Men are wont to forget that the intentions of ladies are to caper to their whims and wishes, and not unfrequently are the causes that stimulate them to do those things which often appear ludicrous, to be found in the distorted ideas and encouragements of men themselves.

Nature is particularly capricious in her graces, and with the

saying that kissing goes by favor, so may we also say of nature's endowments. The homely and faded, no doubt, fully enjoy the emotional thrills of a kiss, but may not indulge so liberally because of a possible lack in opportunity. A lady possessed of fine figure and charming face and lips will naturally excite envy in the bosoms of those who have been slighted by nature's gifts. The less favored must necessarily resort to artificial means by which she may vie with her superiors.

I noticed in a street-car the other day a lady who was evidently not in her teens, as was plainly indicated by a number of treacherous wrinkles that seemed anxious to outline some geometrical figure on her face, and in her eagerness to conceal had treated them to such a liberal supply of cosmetics as to give her a most ghastly appearance. Notwithstanding her faulty judgment, it is not becoming of us to criticise her too harshly, because her object was to supply a defect of nature and appear to advantage in the eyes of men.

Who is it that does not admire the vigor and beauty of youth? Those who are most indifferent to the beauties of nature experience unnatural heart throbs at sight of a comely maiden and attribute the same to functional heart disease. Even those who are apparently invulnerable to cupid's darts will sometimes weary the cervicals in looking around a corner after a pretty lady. It is characteristic of fine sensibilities, and whether the beauty be objective or subjective it matters little so long as the pleasing effects are experienced. Our conceptions of the beautiful are not always alike, and a fortunate thing it is too, or some of the highly emotional might be stimulated to do desperate things sometimes.

Beautifully constructed wigs are not particularly costly, neither are harmless bustles, and so long as they add symmetry and adornment why not wear them? She must be indifferent indeed who would not do that which would add to her personal charms and attract an admiring eye. When Oscar Wilde bore himself down on an already oppressed people it was to teach them "aesthetics," and he certainly would cease to pay homage to his Maker if he thought his efforts were futile.

Women study the nature of men, and when they succeed in eliciting a compliment their happiness is manifest. It is decid-

edly uncharitable to severely criticise such practices as afford ornamentation and supply a defect of nature. I might say, however, that the various preparations used to beautify the complexion are not always so harmless as imagined. I am inclined to look upon the different varieties of pastes used to highly color the cheeks with more disfavor than some kinds of powders. Yet there is scarcely a doubt that any cosmetic preparation does not possess more or less harmful properties.

The highly fashionable suffer more evil consequences from artificial adornment than any others, owing to their long and persevering practices. The strictly society lady is obliged to resort frequently and abundantly to the paint and powder box to keep up her wonted embellishments. I can not help but think that such unnatural and prolonged applications to a delicate skin will lessen natural beauty; a habit of that kind once formed is seldom broken, and a lady with an ordinary degree of natural beauty is not always justified in artificial ornamentation. It is characteristic of human nature not to appear inferior in beauty or accomplishment, and even some fastidious men would pay an exorbitant fee to have a nine-on-a-side-mustache or a bald head fortified.

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**ART. XII. — Conjunctivitis.** — BY O. A. PALMER, M. D.,  
GENEVA, OHIO.

The word conjunctiva really means to join together. It is a mucous membrane that joins the globe of the eye with the eyelids. It is continuous with the integument at the margin of the lids, and after lining them it is reflected upon the eyeball covering the sclera and extending but little upon the edge of the cornea. This membrane is exceedingly liable to inflammatory attacks that are dangerous and may cause the loss of sight. There are times in general practice when the majority of the eye cases we meet will come under the head of conjunctivitis in some of its forms.

The characteristic features of conjunctivitis are enlargement of the blood vessels and a discharge which consists of tear fluid mixed with epithelial cells, mucus or pus; and if the inflamma-

tion is extensive we have chemosis, hypertrophy of the papillæ, the thickening of the mucous membrane from hypertrophy of the connective tissue elements. The inflammations of the conjunctiva have been arranged from a clinical and not a pathological stand point into varieties which are distinct enough for diagnosis, but never have any definite boundary lines.

The varieties of this disease depend upon the cause and grade of inflammation. One variety may pass into another and the two forms exist at the same time. The secretion from all varieties are more or less contagious, and may excite the same form from which the contagion is derived or another variety of this disease.

As conjunctivitis can be propagated by the atmosphere, great care should be used to prevent the spread of the contagion. Do not use poorly ventilated and over crowded rooms.

The varieties of conjunctivitis that are the most common are as follows: Simple or catarrhal; purulent, which includes infantile; gonorrheal; diphtheritic and trachomatous; and phlyctenular. Simple or catarrhal conjunctivitis is the most common, and to some extent a type of all of the others.

The symptoms are those of hyperæmia to a greater or less extent. It may be confined to the lid portion for a time, then the whole extent of the conjunctiva may become injected with blood. After the papillary layer swells there is more or less loss of the epithelium. The secretion is increased and consists mostly of tears and mucus; later, pus cells appear which cause a mucopurulent discharge. On account of the evaporation of the fluid portions of the discharge, the mucus thickens and collects during the night on the cilia and edge of the lids, so that it is difficult to open the eyes in the morning until some fluid has been applied. One of the most common symptoms is the sensation as if a foreign body, such as sand or dust, were lodged under the lids.

These sensations are caused by the enlarged blood vessels and papillæ irritating the ocular conjunctiva. A foreign body may be present, causing all of the catarrhal symptoms. We should be very careful to determine whether some foreign substance is not preventing us from giving relief. Bright and artificial lights

aggravate the condition of the eyes. The vision in this variety is not much affected, unless the discharge covers at times the cornea, so as to exclude the light. The causes of this affection are numerous. As stated above, it may arise from an irritating body that is lodged on the conjunctiva. The exposure of the eyes to cold, sudden atmospheric changes, vitiated air, dust and irritating vapors will give rise to it. Nasal catarrhs of long standing—scarlatina, measles and smallpox during their eruptive stage frequently produce it. It may be the result of eye strain in errors of refraction. Except optic nerve and retinal affections, all inflammations of the eye may cause conjunctivitis.

The diagnosis of this disease is not difficult in most cases. Sometimes, however, it is not an easy matter to differentiate it from other forms, and deep seated eye diseases.

The prognosis is usually favorable. If we have a constitutional taint to contend with, and all of the surrounding circumstances are not conducive to health, we may have serious trouble. It does not require a great amount of skill to successfully treat these cases. Many cases will recover without any attention. As far as possible, we should use every hygienic influence, use plenty of good food, pure air. Alcoholic and malt liquors must be avoided, particularly in chronic cases. The remedial treatment must be selected according to indications. In the inflammatory stage, when acute, we may use cold water packs or ice if desired. For a collyrium I use boracic acid, grs. v, rose water, ʒj., and have two or three drops used in the eyes every two or three hours. If we need a change, we can try sulphate of zinc, i gr., or borax, grs. x. to ʒj. of camphor or rose water. Except the exclusion of light to a moderate extent, no special treatment is needed during the eruptive diseases. If we have any febrile symptoms, use the sedative indicated and a hot foot bath.

[TO BE CONTINUED.]

**ART. XIII.—Gonorrhea.—By W. H. CARTER, M. D.**

The question is often asked, what is the best treatment for gonorrhea? I have used but two prescriptions the last four years. My favorite, and the one that I generally use, is the following:

R. Sulph. hydrastia, grs. vj; mucilage acacia, ℥j; glycerine, ℥j; aqua pura, ℥ij.

M. S. Use as injection two or three times a day.

In connection with the above I sometimes give aconite and gelsemium internally; this is almost a specific in my hands, yet if there are indications for other agents I give them.

Another injection: R. Chloride of zinc, grs. vj; German tr. aconite, gtts. vj; aqua pura, ℥iv.

M. S. Use as injection three or four times a day. Both the above prescriptions are used without producing any pain; the injections should be well thrown back in the urethra. It has so happened that those cases for which I have used the above treatment were recent, and treatment began within from three to six days after the disease made its appearance.

If the general health is impaired, it is well to look after that and use the indicated alterative treatment.

*Iodia*, I find to be an excellent alterative.

#### ART. XIV.—Electricity.—By L. W. TANDY, M. D.

Noticing the many articles in regard to electricity from different writers, I thought I would report a case and give my experience; and if you think it worthy of publication do so, if not cast it in the waste basket.

I was called November 17th, 1883, to see a boy, age ten years, suffering with typhoid fever.

*Symptoms.*—Tongue, deep red, with fissures, having appearance as though it was greased; suffering with severe pain in head and bowels, and wild with delirium. About half the time and when he was asleep there was low muttering delirium, and a tympanitic condition of the bowels; they were very much distended, and from six in the evening to nine o'clock in the morning, the bowels moved every half hour, and every other evacuation was blood or hemorrhage; and from two in the evening to eight o'clock next morning he was very restless; it would take two to keep him in bed and keep him covered. After the fifth day, the tongue changed appearance from the deep red to the dark brown fur, with red tip and edges, with black streak in the center.



*Treatment.*—I placed him on the use of gelseminum, lycopus vir., eucalyptus and digitalis, in small doses, every hour, to control and regulate the temperature. Gave turpentine emulsion internally, and applied locally over the bowels, and gave occasionally sub. nit. bis. to control the diarrhœa. Gave morphine every six hours to get quiet and rest, and relieve severe pain; also used foot and sponge baths at night. After using the above remedies for six days, I could not see any improvement, only there was about half a degree difference in the temperature, but the pain in the head and bowels was as severe as ever, and bowels moving the same.

I had at the house a 12-cell combined McIntosh battery that I had been using on his mother, for neuralgia and female troubles; so on my sixth visit, as I entered the room, he said something to his mother that I did not understand. I asked the mother what he said. She said he wanted to know if I was going to use the battery on him. She also said he had been begging to have it used for the last three days, when he was not delirious.

I told him certainly we would use it, and proceeded as follows: I commenced with two cells of the Galvanic current, placing the positive pole on the back of the neck, and the negative pole over the stomach; let it remain three minutes. Then removed the positive pole to the lumbar regions, and bathed the bowels with the negative pole, eight minutes, using four cells; and passing the positive pole from the lumbar region slowly down to the coccyx. I then placed the positive pole over the lumbar region, and used a large sponge, and bathed the feet and legs with the negative pole five minutes—making sixteen minutes I used it in all—and before I commenced using it on his feet, he was sleeping mildly.

I continued the gelseminum, lycopus, eucalyptus and digitalis every hour, also the emulsion of turpentine and egg, and the foot and sponge bath. On my return the next day, his mother informed me that he rested well during the night, and that his bowels moved only three times, and there was no hemorrhage. I also found some improvement in the temperature, and he appeared to be more rational. I asked him if he wanted any more electricity, and he replied in the affirmative.

So I applied the battery as before, except I used six cells on the feet. He told me he could not stand the turpentine emulsion on the bowels after using the battery. On my second return after using the battery the second time, his mother informed me that he could not stand to have the egg alone placed on his bowels, but he rested well during the night, and the bowels moved only twice in twenty-four hours, and seemed to be more on the order of health. I found the temperature gradually subsiding, so I continued to use the battery for six days every day, after that every other day, and the boy made a rapid recovery—is able to sit up at this writing, and all relatives and friends expected every day to be the last with him.

I discontinued all opiates and the sub. nit. bis. from the first time I used the battery, and the parties that visited him, ask: “Doctor, why is it that he is improving so fast, and getting up so quick after being so sick?”

The disease reduced him to a mere skeleton, but I never saw as rapid improvement, after I commenced using the battery, in my life.

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**ART. XV.—Direct Medication.—By GEO. C. PITZER, M. D.**

[CONTINUED FROM SEPTEMBER JOURNAL, 1883, PAGE 403.]

*Cinchona*.—This is the great source of antiperiodic drugs. Cinchona, or some preparation made from this bark, must take the precedent as a remedy for fevers. Formerly the crude bark, in a powdered form, was used quite extensively to break up fevers; and this practice was successful. But since the introduction of the salts of cinchona the crude bark is rarely used as a single remedy. The salts, especially sulphate of quinia and cinchonidia, are more reliable, more definite in dose, and are really better than the crude bark. These will be noticed further on. About the only use we now make of the cinchona bark is in the preparation of tinct. cinchona comp. This is an excellent tonic, and is very convenient to combine with other restoratives in cases of lingering convalescence.

*Cinchonidia*.—This is the sulphate of cinchonidia so frequently prescribed as a substitute for quinine. Its medicinal

properties are similar to those of quinine, and it is a very good substitute for that drug. Our experience with it, which has been quite extensive, warrants us in recommending it with confidence in periodic affections where quinine is generally prescribed. While it is a good antiperiodic, it is not quite so reliable as quinine; and when we aim to use it in place of quinine, the doses should be at least one-third larger than the doses of quinine. From fifteen to thirty grains, given in three to five grain doses, at proper intervals, will interrupt the paroxysms of intermittent fevers in most cases.

*Cotton Root.*—We employ a fluid extract made from the green root of the cotton plant whenever we require a stimulant emmenagogue. A good extract, made from the fresh root, will certainly stimulate the generative and urinary functions in male and female. In some cases of pregnancy it will excite labor pains, and may produce abortion, but it is not a certain abortive. In labor, where there is tardiness—inertia—it will increase the force and expulsive character of the pains (uterine contractions), and hasten the birth. Unlike ergot, it strengthens the expulsive efforts of the uterus without producing the peculiar tonic contraction produced by ergot.

Cotton root seems to be a direct tonic to muscular tissues, and will sometimes restrain a chronic diarrhea when other apparently appropriate drugs fail. Wherever there is relaxation of muscular fibre, and no inflammation, cotton root will give relief.

The dose of the fluid extract ranges from ten drops every fifteen minutes to half a teaspoonful every three hours.

*Copper.*—In therapeutics, we use copper in two forms, viz: sulphate of copper, and Rademacher's tincture of copper. We employ a solution of sulphate of copper, ten to thirty grains to the ounce of water, in cases of ulcerative stomatitis. Applied to the ulcerated surface, twice daily, with a soft camel-hair pencil, it soon shows improvement. The same solution may be used with advantage in many cases of ophthalmia; and possibly a weak solution of sulphate of copper is as good a local application for ordinary sore eyes as we can employ, and is much safer than many of the eye-washes in daily use. Oculists apply the solid crystal of sulphate of copper to granulated lids, and report success from its use in this way.

Sulphate of copper is occasionally prescribed as an emetic, but we prefer to use other and safer drugs for this purpose.

In small doses, sulphate of copper is one of the best remedies we have for dysentery. It is useful in the acute as well as in the chronic form of this disease. In the acute form we prefer Rademacher's tincture. In the chronic form of dysentery, and even in chronic diarrhea, we have succeeded admirably with sulphate of copper. *R.* Sulphate of copper, gr. j; opium, gr. x; gum arabic, ʒj. *M.* Make twenty pills. *S.* One every six, twelve or twenty-four hours, as required to restrain the bowels and relieve pain and distress.

For internal use in acute disease, and where we want to impress the system gently yet generally, we always prescribe Rademacher's tincture of copper, which is prepared as follows: *R.* Sulphate of copper, ʒiij; acetate of lead, ʒiij and ʒvj; water, ʒxvij; alcohol, ʒxiiij. Rub the copper and lead together in a mortar, then transfer to a copper vessel and add the water, heat to a boiling point, remove from the fire and let stand till cold, then add the alcohol, transfer to a bottle or jug, let stand four weeks, shaking occasionally, finally filter, and the tincture is finished. While the sugar of lead is used in this process, scarcely a trace of lead can be found in the tincture when finished. A similar tincture may be prepared by dissolving acetate of copper one part in water two parts, and adding alcohol eight parts. But Rademacher's formula we like the best, and the tincture is stronger.

This is a fine preparation of copper, and we can graduate the dose so nicely. In acute dysentery, where there are severe pains, great tenesmus, bloody mucous stools. *R.* Rademacher's tinct. copper, gtt. vj; sulphate of magnesia, ʒj; morphia sulph., gr. ss; water, ʒiv. *M. S.* One tablespoonful every two to four hours, as required to relieve pain and restrain the bowels. It is generally preferable to give the morphia hypodermically in these cases, if needed at all, and give the copper and sulphate of magnesia in solution without the morphia. In many cases the copper and magnesia alone will relieve all the colic pains, and give complete relief without any opiate; where they will do this, it is better to omit the opiate.

In cholera, there is no remedy like copper. There may be remedies that are as useful in the treatment of this disease, but while copper affords great relief in most cases, it is also a popular and really valuable preventive of cholera. Possibly there is no preventive measure known to the medical profession equal to copper in the prevention of cholera. A thin sheet of metallic copper worn next the skin, immediately over the epigastric region, is the most effective, but it may be used in other ways as a preventive.

In cases of lingering sickness, where we meet with patients suffering from impairment of the vegetative functions, evidenced by tired feelings, pale face, thin blood, poor appetite, perversion of taste, loss of flesh, etc., we may prescribe this remedy with some degree of certainty. Add ten to twenty drops of Radmacher's tincture of copper to four ounces of water, and order one teaspoonful every three to six hours. This will strengthen the blood-making functions of the system.

And this same tincture answers well as a topical remedy, too. Indeed, we have used it quite extensively in ulcerations, and in purulent conjunctivitis. For ulcers it can be used full strength. For sore eyes, one drachm of the tincture may be added to an ounce of pure water.

*Camphor.*—Camphor is a popular domestic remedy, and doubtless deserves the credit of affording relief in many cases, where used in this way.

Taken internally, in small doses, one to five grains, camphor is a mild stimulant. In large doses, one drachm to half an ounce, dissolved in spirits or milk, it acts as a poison. Gastro-intestinal irritation, slow pulse, pale skin, clammy sweats, convulsions, insensibility, and death are frequently the results of over-doses.

We use camphor in several forms, but the most common is that of the spirit of camphor. This may be inhaled with advantage in cases of approaching syncope, nervous headache, and to relieve cold in the head. In the same form we use it in cases of nausea and vomiting. And a few drops of the spirit, mixed with a little mint water, will often relieve a severe attack of retching and vomiting. Indeed, camphor, in small doses, frequently repeated, is regarded as a first-class remedy in chol-

eraic diseases. We sometimes use it in combination with opium; and the compound tinct. opii. camphorata is a common remedy among the people. And there are few better combinations for the purposes intended than this old preparation of paregoric. In painful diarrhœas, cholera morbus, and in epidemic cholera, a combination of camphor with opium is acknowledged everywhere to be exceedingly useful. And in catarrhal affections it always gives relief. A cough is quieted with camphor, and especially is this the case if there is a nervous element manifested in the case.

Externally, spirit of camphor is used to relieve pain and reduce swellings in cases of sprains, bruises, rheumatism, etc. Mixed with an equal quantity, by weight, of hydrate of chloral, and rubbed in a mortar, and oily like liquid is formed, which has been found an excellent local application for the relief of painful affections, such as neuralgia, rheumatism, etc.

There are few if any remedies that equal camphor in preventing sloughing in cases of lacerated wounds. We have frequently, after carefully dressing ugly wounds, where we feared extensive sloughing, possibly gangrene, saturated the parts with spirits of camphor. Prof. Z. Freeman, of Cincinnati, used to teach his classes in surgery, that camphor was *the* thing in such cases, and we have often verified the truth of his positive speeches. Camphor water might be used, but the spirit is better.

A preparation called mono-bromide of camphor is very useful in the treatment of certain diseases complicated with nervous elements. We may administer the mono-bromide to children in the form of a trituration, the first or second decimal; and adults may take it in the same way, but they generally prefer to enclose the powder in a gelatine capsule.

In cholera infantum where the hands are cold, patient depressed, restless, head drawn backwards, eyes half open, distressed with retching, and threatened with convulsions, we always prescribe mono-bromide of camphor. *R.* Mono-bromide of camphor, second decimal trituration, ʒj. Divide into twelve doses. *S.* One every half hour. And in some cases we may repeat the dose every fifteen minutes. This will frequently warm the hands, quiet the nervous system, and give the patient

rest. Indeed, we know of nothing so successful in reviving these patients, and in arresting the violence of this disease in this stage. In more acute cases, where the hands are still warm, the bromide of potassium is better; but where the hands are cold and face pale, mono-bromide of camphor is *the* drug.

In cases of chordee we may prescribe five or six grains of mono-bromide of camphor at bed-time with good success. And in cases of seminal losses—nocturnal emissions—five grains of the mono-bromide at night is as good a remedy as we can prescribe. The uses of this drug are exceedingly important. The results of our experiments with it enable us to speak with assurance regarding the certainty of its action. Small and frequently repeated doses are the best in cases of cholera, and cholera-infantum; large doses, five to ten grains, for hysterical manifestations, seminal losses, nervous headaches, etc.

[TO BE CONTINUED REGULARLY EACH MONTH.]

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## ABSTRACTS.

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### **Locomotor Ataxia.**

We are indebted to the author, Dr. Philip Zenner, of Cincinnati, for a pamphlet containing three lectures by him on this disease, delivered before the *Cincinnati Medical Society*. Dr. Z. describes locomotor ataxia "as clinically represented by characteristic lightning-like pains, sense of numbness or formication in the legs, peculiar perversion of tactile sensation in the soles of the feet, so that the ground does not feel natural, anesthesia, ocular paralysis, disturbances of the genital functions, of the bladder, rectum and other viscera, but most prominently a loss of muscular co-ordination, an ataxic gait. As a pathological substratum for these symptoms, we find degenerative changes chiefly in the posterior portions of the cord."

As regard the diagnostic value of the pains, he states that their sudden onset, their paroxysmal occurrence, etc., usually enable us to recognize them easily. Sometimes they are so intense as to make existence a torture. Sometimes, however, they

are very mild, so much so as to attract but little attention. Changes in the weather and mental emotions tend to increase them.

Among the anomalies of sensation is the "girdle sensation"—a sense of constriction, or of painful pressure about the waist. But a very noticeable parasthesia is a peculiar perversion of the tactile sensation of the soles, so that the ground or floor feels as if it was yielding. Not long ago we met a gentlemen suffering from the disease who could maintain an upright position and walk tolerably well so long as he kept his eyes upon his feet, but would fall down the moment he took his eyes away. He stated that he did not feel the floor at all with his feet, and so, when attempting to walk, he did not know when a foot had reached *terra firma*, when, after lifting it up to take a step, he undertook to put it down.

Dr. Z. mentions a case reported by Erb in which the disease seems to have been cured. Eight years afterwards, the patient dying from the effects of poisoning, there was discovered, on autopsy, degenerative changes in Burdach's columns of the spinal cord characteristic of this disease. Here, as Dr. Z. says, we must attribute the improvement or cure to vicarious functions, certain nerve fibres in the cord resuming the functions of those which had been destroyed. In this sense, then, as he states, we may speak of the curability of the disease—the functions of destroyed portions of the cord are assumed by other nerve fibres, and, therefore, the symptoms disappear. When the symptoms have been caused by transient conditions, as hyperemia, of course they will disappear with the disappearance of those conditions. Most undoubtedly, organic lesions having brought about destruction of any portions of the cord, the parts destroyed can not be reproduced. In such cases, a permanent subsidence of the symptoms must be accounted for on the ground that certain nerve fibres of the cord have assumed the functions of those which had been destroyed.

Vulpian, Fournier, Erb and others have suggested the probability that locomotor ataxia is usually of syphilitic origin. Some of them state that they have been able to trace a connection with syphilis in a very large number of cases. Dr. Zenner considers



that its syphilitic origin has neither been proved or disproved. While we have no doubt that it oftentimes has been brought about by syphilis, yet we believe that it often attacks individuals in whom there is not a taint of syphilis. We admit that the pathology of the disease, as far as we understand it, tends to suggest syphilis as the cause.—*Ex.*

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**A Seductive Drug.**—BY PROF. GEO. W. WINTERBURN, PH. D.,  
M. D., NEW YORK.\*

\* \* \* \* \* I do not propose to occupy time relating instances of the opium habit. There is not a physician in active practice in any part of the country who has not abundant opportunity for personal investigation of these effects. There is not a physician but who finds his efforts to cure chronic diseases constantly baffled by the effects of opium upon the system. For it is not alone those who are degraded to inebriety that feel the baneful effects of this drug. It is its nature to interfere with the action of every other remedy, to make chronic diseases more obstinate, to stand between patient and physician as an obstacle to cure. This is the case not only when taken in the immense doses of the confirmed inebriate, but also when given in what are called moderate and safe dosage.

While it is harmful to all it is infinitely more so to the young. There is a triad of infant murderers, and their names are Godfrey's Cordial, Paregoric, and Mrs. Winslow's Soothing Syrup. The two former are harmless compared to the last mentioned, which contains a grain of sulphate of morphia to the ounce. That each of them cause many deaths annually, both directly and indirectly, and induce weakened health of the body and brain to a much larger number than are killed outright, are undeniable facts; but for murderous efficiency Mrs. Winslow bears the palm. No punishment in this world or beyond the grave is too severe for that person who, revelling in the ill-gotten wealth secured under a fictitious name and by false pretenses, has murdered, as surely as if she had herself plied the dose, so many thousand of her little countrymen. Only those who have had experience

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\*Extract from an Address delivered at New Haven, Conn., June 21, 1882.

in the tenement house districts of our large cities can realize the enormity of this crime. Many a little sufferer whose demise is chronicled in the records of the Board of Health as from meningitis, marasmus, dysentery, or fever, was killed by the slow undermining of the constitution by one of these opiated preparations. \* \* \* \*

These mixtures are used, in a vast majority of cases, because they are supposed to be harmless. Many do not know that paregoric contains opium, and many a mother who would look upon a doctor who gave her baby morphine as a very bad man, gives that same baby paregoric by the teaspoonful. The remedy would be to require every bottle containing any preparation of opium to have affixed thereto a label stating the fact and a caution against large doses or habitual use. Or better still, prevent the sale of opiated mixtures except on a physician's prescription.

One instance will illustrate this observation. A very intelligent woman, the daughter of a well-to-do farmer, and the wife of a boss painter, living in comfortable circumstances, and the mother of two lovely children, told me a few days since how fond her baby—four months old—was of Mrs. Winslow's Syrup. "Why," said she, "she will get so mad if I don't give it to her, and scream and kick all the morning." I suggested that perhaps she was in pain. "Oh, no, she ain't; it's just temper, she likes the syrup so much." Inquiry developed the fact that when the child was about two weeks old it was troubled with insomnia, and the mother gave the syrup, to make it sleep, supposing it was harmless. Now, so used had it become to its effects that one teaspoonful simply made it good natured, and it would take two or even three (morphine gr.  $\frac{3}{4}$ ) teaspoonfuls to make it sleep. What would be the chances for a child so habituated to the use of opium, if ever seized with cholera infantum or pneumonia? On explaining to the mother the peril she was incurring for her child, and the nature of the drug she was using, she promised to wean it from it—"as soon as the house-cleaning was through with." \* \* \* \*

29 WEST 26TH STREET.

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**Prostatorrhœa.**

This affection is very commonly confounded with spermatorrhœa, and is the "soul and body destroying disease" on which "retired clergymen" and other philanthropists of that ilk grow rich. The due appreciation of the nature of the urethral discharge by the family physician, and a proper knowledge of the treatment, would do much toward curtailing the ravages of the sharks who excite the imagination and fears of our youth, and rob them not only of their money but also of their health. The following is a résumé of the treatment as laid down by Dr. Campbell Black, of Glasgow, in a recent number of the *Lancet*:

That bromide of potassium exercises a sedative influence over the motor sexual and urinary centre in the spinal cord, is admitted to be one of the ultimate facts of therapeutics; nay in some cases so marked is this influence that when the drug is taken in large doses a temporary retention of the urine is thereby occasioned. It is a modification of this toxic influence that we desiderate in bromide of potassium as a therapeutic agent. It is extremely probable that this impression extends along the whole anterior portion of the spinal cord. Reflex action is thus inhibited, and muscular excitability diminished. It seems to me that the sympathetic and the motor systems may be regarded as two opposite poles on whose properly balanced tone normal function, especially circulation, depends. Hence impressions on the sympathetic (fibres of Remak), which diminish its inhibitory power, exalt motor influence, and thus accelerate the circulation and determine congestions. If on the other hand motor influence is diminished, sympathetic dominance is correspondingly established. Bromide of potassium undoubtedly possesses the latter property. Thus it induces sleep by causing cerebral anæmia; and, by a similar influence on the pelvic viscera, operates beneficially in all cases of uro-genital hyperæsthesia and congestions. The bromides of camphor and iron seem to possess similar properties. Belladonna, and its active principle atropia, act apparently as therapeutic agents by stimulating the fibres of Remak, and are thus of acknowledged efficacy in the treatment of enuresis and spermatorrhœa; and atropia, according to Rosenthal and Dr. W. S. Gross, in prostatic

discharges. Where there is reason to suppose that there is an atonic condition of the prostatic ducts, such motor stimulants as strychnine and ergot of rye are specially indicated.—*Med. Age.*

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### **Hydrocele in an Infant.**

Clinic of Prof. Markoe, College Phys. and Surgeons, N. Y. City: Here is a case which is apparently one of hydrocele in a very young child. We should be very careful in these cases to discriminate between hydrocele and hernia, and also between hydrocele enlargement of the testicle and hernia, for sometimes children of this age do have enlargement of the testicle. I can recall a case where the testicle had reached an enormous size, and caused the death of the little patient. You will observe here that the swelling extends up in the inguinal canal, which might lead you to suppose that it was, of course, a case of hernia, but this often happens also in cases of hydrocele. The mother says that the swelling never disappears, which is against the view that it is an hernia. Moreover, the tumor is translucent. The diagnosis of hydrocele has been positively settled by the introduction of the hypodermic needle and drawing off some of the fluid. Now, in the treatment of a case like this it is not necessary to draw off the fluid and make an injection into the sack. Usually a cure can be effected by the use of a simple application, as of the carbonate or chlorate of ammonia which stimulates the vessels and causes the abnormal accumulation to disappear. Still the fluid might be withdrawn, the very act of which sometimes sets up a sufficient amount of inflammation to result in a cure.—*Nashville Journal Med. and Surgery.*

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### **Chloroform as a Cause of Post-Partum Hemorrhage.**

Dr. A. A. Moore read a paper on the above at the South Carolina Medical Association. While chloroform was generally administered in this country to annul the suffering of the parturient woman, he believed that its agency in producing post-partum hemorrhage was not so generally recognized as it should be. Assuming its causative relation to such hemorrhage, were

we justified, he asked, in resorting to it merely to abolish the pangs of ordinary labor? In his own practice he was in the habit of giving it, if requested, but never insisted on it. In its administration he had been long governed by Playfair's rule, to give it only in the propulsive stage and intermittently, never giving it to complete anæsthesia. But even thus he had found its use attended with so much uterine inertia as to be obliged to withhold it for a time to allow a return of the force and frequency of the pains. It was this very inertia after delivery which predisposed to post-partum hemorrhage, and during the last few years he had met with this unpleasant complication several times, when he could attribute it to no other cause than the inhalation of chloroform. He gave the following analysis of thirty-four cases of labor attended during the years 1881 and 1882, as going to substantiate his views. In twenty cases chloroform was administered; in four of these there was free hemorrhage, in thirteen there was less, but more than natural, and in three there was no report. In fourteen cases there was no chloroform administered; of these only two had hemorrhage; with one it was habitual, the other was a woman who had borne children rapidly, was quite fleshy, having the abdominal walls pendulous and flabby, giving no support to an inert uterus. He then cited various authorities, some in favor of the use of chloroform in labor, but all with a word of caution against its tendency to cause uterine inertia and hemorrhage.—*Med. News.*

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#### **Treatment of Tumors by Electrolysis.**

Nettel has returned to this method of treating malignant tumors, destroying them at a single operation. A platinum anode is plunged perpendicularly into the tumor down to its presumed point of implantation, and from three to five cathodes placed on the periphery of the tumor. The current is then closed and rapidly carried to its greatest power (30 to 60 elements). The position of the cathodes is changed about every five minutes, so as to cover every part of the tumor. The operation lasts about an hour. The tumor becomes livid, gray, and finally black. There is a very slight general and local reaction. In two or

three days the part operated upon becomes cold, and after some discharge finally comes away *en bloc*, leaving a denuded surface which is soon covered by healthy granulations. Neftel has also treated benign tumors by this method, though they do not require such energetic treatment as those of the malignant type. The conclusions which he draws are:

1. Electrolysis is an antiseptic method, and as such may be combined with the ordinary methods of operation.
  2. It is preferable to any other method in the treatment of malignant tumors.
  3. Malignant tumors should be entirely destroyed by the operation, and at a single séance. In benign tumors it is sufficient to establish a retrograde metamorphosis.—*Virchow's Archiv—Cin. Lancet and Clinic.*
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#### **Treatment of Internal Hæmorrhoids by the Hypodermic Injection of Carbolic Acid.**

In the *Transactions of the Texas State Medical Association*, 1883, Dr. W. D. Davis, of Grapevine, Texas, gives a record of a number of cases of internal hæmorrhoids successfully treated by means of hypodermic injections of pure carbolic acid, and at the close of his article gives the following description of what his considerable experience denotes as the best method of procedure.

He says: I have no rule regarding the point at which to introduce my needle, except that I select that from which all parts of the tumor under treatment can most easily be reached.

The injection should be performed slowly, and its effect upon the tumor watched with care, bearing in mind that it will require, particularly in large tumors, and when the eye of the needle is some distance from the surface, several seconds for the effects to become visible; but anon a white point will make its appearance on that part of tumor having immediate circulative connection with the interior part where the eye of the needle may rest, then another and another from each of which stellate projections may be seen to shoot in every direction, and from these others branch off, presenting, secondarily, an arborescent

picture, coalescing one with another, and widening as they proceed until the entire surface in such region becomes white. Then the needle should be partially withdrawn, and sent to such other parts of tumor that may not have been coagulated, thus continuing, until the entire tumor is thoroughly solidified, as shown by its white circumference and hard, woody feel.

In the partial and final withdrawal of the needle, I do it slowly and with a rotary movement, for the needle itself becomes incorporated with or is adherent to the coagulum, and a hurried or direct withdrawal is generally followed by passive hemorrhage, which, though it is of no moment, and of short duration, might as well be avoided for the sake of neatness.

The amount of acid to be thrown in varies according to the size of the tumor, usually from two to fifteen minims, though I am not so particularly nice about this, since I do not believe there is any danger from carbolic acid poisoning with chemically pure acid.

It is important that tumors, the anus and parts for some distance around, be smeared with vaseline or some oleaginous substance previous to operating, to prevent excoriations from the drainage that frequently occurs in the track of the needle immediately after withdrawal.

I have had more trouble with small tumors than large ones; because, first, it is more difficult to fix them for the introduction of the needle: and, second, because they are so liable to be transfixed, which accident is always to be avoided.

Tumors almost invariably begin to enlarge as soon as injections are begun, and continue to do so to their full capacity of distention.

It is a rule with me to operate in immediate succession on all tumors that present themselves or can be found. Frequently, however, they are in a collapsed state, and sometimes difficult to define, though usually one or more can be made out, into the most favorable of which I introduce the needle. By the following day all other tumors that may be present will be swollen or congested, and can be easily treated.

I used the chemically pure acid four years ago (1879), before I had seen any mention of it in this connection, nor am I yet

aware that other operators use it so, though there is a growing tendency in that direction. I use the acid pure, because I find that it acts more quickly and effectually, is more easily forced through an ordinary hypodermic needle than the various glycerole dilutions, and I believe that from its more rapidly coagulating and thoroughly cooking, as it were, the tumors, there is less liability to that greatest-theoretical objection to the operation—embolism.—*Virginia Medical Monthly.*

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#### **Puerperal Eclampsia—Veratrum Viride.**

S. J. Spees, M. D., of Hillsboro, Ohio, reports an interesting case of puerperal eclampsia relieved by the use of veratrum viride. The patient was a primipara, twenty-two years old, healthy, and of full habit. After labor had been in progress twenty-four hours, there had been but little progress even of the first stage, while all the symptoms of the eclampsia had steadily increased in severity. Venesection had been resorted to, but without benefit. Turning was performed, and the woman delivered of twins. Delivery, however, did not relieve the eclampsia, but the condition of the patient became more and more alarming. Tincture of veratrum viride (Tilden's), gtt. x. every one to three hours, was given. Warmth was applied to the extremities and cold to the head. There was marked improvement within six hours. The doses were then decreased somewhat in size and frequency. The improvement continued, and the patient made a good recovery.—*Cin. Lancet and Clinic.*

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#### **Death Occasioned by the Entrance of Air into the Veins of the Uterus.**

Three cases are narrated by the author in which death followed the introduction of air into the veins of the uterus. The first case was Olshausen's, in which, after the birth of twins, the uterine douche was used, death following in twenty minutes. The second case was Litzmann's; the uterine douche was used to accomplish artificial abortion; death occurred in a short time, and in this as well in the previous case it was found, at the autopsy, that air in abundance had been forced into the veins of the uterus,



and had made its way into the vena cava ascendens, the veins of the heart, etc. The third case was in the service of the author. The patient had been delivered, by a midwife, of child and placenta, upon the left side. The midwife had then laid the patient upon the back, and was practising massage upon the uterus, when the patient gasped and, in spite of professional assistance, which was almost immediately at hand, died in a few minutes. The author's conclusion was that a volume of air entered the uterus when the change in position was made, from side to back, and that manipulation of the uterus, instead of expressing the air outward, only drove it inward, with fatal consequences.—*G. Braun in Wien. Med. Wochenschr.*, July 7, 1883.

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#### **Diabetes Mellitus.**

Solution of bromide of arsenic is to be given in doses of one drop to a glassful of water, this dose is gradually increased to three drops three times a day, always in the same amount of water. The urine is to be constantly examined. When the amount of sugar is decreased, as usually happens in about fourteen days, then decrease the arsenic to one-drop dose again. This can be kept up for years. Extreme attention need not be paid to the diet, but ordinary care as regards acids, starchy and sweet food should be taken. The greatest enemy of the diabetic is bad air, the air of chambers. Fresh air is most essential.—*Medical Brief.*

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#### **The Oleate of Copper in Skin Diseases.**—By D. B. HOLSBURG, M. D., GREENVILLE, ILL.

The oleates now used in skin diseases call to mind a home remedy used by my mother years ago. It is to the oleate of copper, more particularly, that I refer. For the cure of eczema and ringworm she prepared a salve after the following domestic process: About two or three hundred of the old-fashioned copper cents were laid in the bottom of a small copper preserving-kettle, slightly overlapping, so as to leave an open space under each penny. Sweet cream, enough to cover them, was then poured over the pennies, and the whole set in a warm place,

not to be disturbed for four weeks. At the end of that time, all things being favorable, through the action of the oxygen of the air and the acids developed, the cream became of a green color throughout. The pennies were then divested of their coating, the cream in the bottom of the kettle carefully collected and thoroughly mixed, and the salve (an ointment of the oleate of copper) was ready for use. It was considered a sure cure for tetter and ringworm, all the country round, and quite a number of remarkable cures might be cited to confirm its merits. In the absence of the old-fashioned penny and the copper kettle, I heartily welcome the oleate of copper, with the positive conviction that my mother's remedy has come back to me in more accessible and scientific form.—*Therapeutic Gazette*.

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#### The Treatment of Basedow's Disease.

Chvostek has written an elaborate article upon this subject, comparing his results (in seventy cases) with those of Dusch, Eulenberg, Meyer, Erb, Rockwell, and others. Galvanism is considered to have furnished the best results when rationally applied. His method is as follows: (1) Galvanization of the neck, ascending current one minute; (2) of the spine, ascending current, anode on fifth dorsal, kathode on upper cervical vertebræ, stabile; (3) feeble stabile transverse galvanization electrodes on mastoid processes and on temples, at least a minute; (4) sometimes local galvanization of the goitre; (5) daily sittings.

The above method is doubtless effective, but it is hard to see why it is so superlatively "rational," as claimed.—*Zeitschrift für Therapie*, No. 8, 1883.

C. L. DANA, M. D.

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#### *Convallaria Majalis*.

Dr. W. S. Gottheil, House Physician of Charity Hospital, New York, contributes to the *Therapeutic Gazette*, for January, 1884, a detailed account of his use of *convallaria majalis* in fifteen cases which he has under his treatment in the hospital. Nine of these cases were of organic heart disease. Five were cases of cardiac failure in acute rheumatism, hemorrhages or phthisis,

and one was a case of Bright's disease. The effects of the drug may be briefly stated to be satisfactory, as compared with those which would be expected to follow these use of digitalis under like circumstances, and the result would seem to justify a thorough trial at the hands of the profession of this proposed substitute for the latter drug. It possesses the very important negative property of producing no cumulative effect,—a desideratum which has been long felt by the profession.

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### **Tongaline.**

"We wish to call the attention of our readers to this new remedy for neuralgia and rheumatism. Having a case of neuralgia recently which did not improve under the ordinary treatment, we had Messrs. Bush & Co. order some Tongaline for us, which we gave to our patient. It acted admirably, relieving the pain, before many doses had been taken. Since then we have had occasion to prescribe it several times and with the same good results.

We believe Tongaline is destined to become 'the' remedy for neuralgia, and the testimonials from noted physicians and surgeons surely tend to strengthen such a prediction. Try Tongaline and you will thank us for the suggestion."—Extract from the January (1884) number of the *Eastern Medical Journal*, Worcester, Mass.

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### **Faradization of the Abdomen in Ascites.**

In the Russian literature of the past three years, several cases have been recorded in which ascites was successfully treated by faradization of the abdomen. Skibnewski has recently reported two additional cases; the first, a little girl, æt. 9, very anæmic, and with marked ascites. The urine was small, with no albumen, lungs sound, heart-beat normal, with a feeble systolic souffle. For ten days the patient took digitalis and iron without any diuretic effect, and during these ten days the circumference of the abdomen sensibly increased. The digitalis was then discontinued, the iron being kept up, and Skibnewski commenced faradization of the abdominal muscles two or three

times a day. Each *séance* lasted fifteen or twenty minutes. The currents were sufficiently strong to produce muscular contraction. During the same *séance* each muscle was made to contract fifteen or twenty times. After twelve days the circumference of the abdomen was reduced from thirty-six and four-fifth inches to thirty; the quantity of urine was considerably increased. After three weeks the circumference of the abdomen was only twenty-four inches, and the quantity of urine normal. A month and a half after leaving the hospital the patient had a return of the ascites. As before, medication had practically no effect, and faradization was resorted to with the former effect.

The second case was that of a young man, *æt.* 17. Ascites and augmentation of the spleen commenced after an infectious disease. The urine was small, and contained no albumen. Faradization was performed twice a day for fifteen days, and and then thrice a day until, within four weeks, a cure was effected, both of the ascites and splenic enlargement.—*Revue des Sc. Méd.—Can. Pract.*, Oct.

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#### Recovery from Locomotor Ataxia.

Dr. Louis Henry reported the following case to the Victorian branch of the British Medical Association (*Australasian Med. Gazette*): A man twenty-nine years of age, of temperate habits, and free from any suspicion of syphilis, had been suffering for some months from symptoms of progressive locomotor ataxia. The distinctive signs of the disease were well marked and steadily increasing in severity. He was first put upon large doses of iodide of mercury, but as neither the fulgurating pains nor any other symptoms were improved after a two weeks' trial, nitrate of silver, in divided doses of one grain per diem, was substituted. The patient was anæsthetized, and the whole length of the spinal region was cauterized with the button of the thermo-cautery. The ulcers were kept open by a covering of a strip of linen smeared with resin ointment. The patient was further ordered the use of footbaths of hot water and common salt three times a day; and during his stay in bed was to wear stockings containing powdered mustard. After about three

weeks of this treatment, the nitrate of silver being gradually forced to one grain three times a day, the resin ointment was removed, and the back allowed to heal. The legs were now massaged twice daily, and a solution of iodide of potassium, eight grains, and liquid extract of ergot, one-half drachm, ordered to be taken at 8 P. M. and 3 A. M., with the view of allaying the slight pains in the legs and controlling the emissions, which rarely, but occasionally still made their appearance. A very marked improvement now began to show itself. The pains in the lower limbs completely disappeared, the abdominal constriction vanished, the emissions ceased, the walk and gait became more sure and natural, and the patient regained sensation in his feet, so that, with his boots on, he could, when the report was made, feel the divisions in the wooden floor. For the past two weeks he had been taking eight-minim doses of the liquor strychniæ, and faradization was applied to the spine and lower extremities by means of a wire brush. The improvement, which was very evident, would, the author hoped, be permanent.—*Med. Record*, Oct. 13.

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#### **Goitre.—Arsenical Injections.**

Dr. Grunmach, of Berlin, has employed an arsenical injection into the parenchyma of the enlarged thyroid body in more than one hundred cases. The injection consisted of one part liquor potassæ arsenitas to three of water. This solution was made use of two or three times a week. The average total number of sittings was ten to fifteen. The evil effects sometimes seen after the use of iodine never once occurred with this arsenical preparation. The effect was to diminish the tumor, and to remove the obstruction to the breathing supposed to be due to the pressure on the trachea. The general health of the anæmic patients was much improved.—*Med. Times and Gaz.—Obstet. Gaz.*

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#### **Celerina.**

GASDEN, S. C., June 4th, 1883.

I have used your Celerina extensively in my practice, and find it a superior nerve tonic.

I. G. HUGUENIN, M. D.

## *EDITORIAL.*

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### **Hydrastis Canadensis.**

There is more truth in the old saying that, "what everybody says is so must be so," than may be generally admitted. It is a fact that when we find a multitude of evidence all pointing in the same direction, it is safe to infer that truth is at the fountain.

Now, *hydrastis canadensis* has enjoyed an almost enviable reputation for many years, especially among eclectic practitioners, homœopaths, and liberal practitioners of all schools. The virtues ascribed to it have been these: a general tonic, appetizer, deobstruent, laxative, astringent, and above all it has been highly prized as a remedy for mucous irritations and inflammations, no matter where situated. And it has been found as serviceable in chronic inflammations as in acute disease. It has been used for these purposes by local or direct application, and internally, or as a constitutional remedy. We have used it freely and continuously for many years, and have never lost confidence in it. Internally, the ordinary fluid extract answers a fine purpose; but when we desire to make a soothing application to abraded or ulcerated mucous surfaces, we prefer liquid or fluid *hydrastis*, both of which represent the virtues of this drug, and they are free from alcohol.

Locally, in vaginal and uterine diseases, and in urethral inflammation, either alone or combined with *pinus canadensis* or *hamamelis*, *hydrastis* is the best application we can make. And internally, in lingering cases of vaginal, cervical, or uterine catarrhs, *hydrastis* is a first-class remedy. We nearly always combine it with other remedies appropriate for the cases in hand, such as *hamamelis*, *ergot*, *macrotys*, *viburnum*, etc., but *hydrastis* will frequently effect wonderful changes when given

alone. For female weakness, locally and constitutionally, it must rank with the first measures in use, if not the very best.

Appropos with this, we quote from the Transactions of the German Gynecological Society, as follows:

"Schatz is of opinion that the medicinal treatment of the diseases of the female sexual organs has been crowded too far into the background by the operative treatment; that nowadays the knife is not rarely resorted to in cases in which favorable curative results could be obtained by less formidable measures. The author thinks that, especially in functional disturbances of the uterus and ovaries, in menstrual anomalies, direct or reflex nervous, or even congestive troubles, medicinal treatment ought to be tried if the difficulties are but moderate, if an operation is dangerous or mutilating. He calls attention to the fact that often accidental changes in the mode of life, of the climate, psychical alterations, nervous irritations, and finally medication prescribed for other purposes are followed by obvious and unexpected changes in the affections named.

"With this view Schatz experimented with *hydrastis canadensis* in menstrual disturbances. He used the fluid extract (supplied by Parke, Davis & Co.) in about fifty cases. Two-thirds of these can be utilized in estimating the value of the drug. In general, it seems to act on the mucous membranes by exciting their vessels to contract. In the female genital apparatus, it seems not only to diminish the blood supply of the mucous membranes, but to act on them as a whole. It is remarkable that the remedy is often effective in cases in which ergot has failed, or even has rendered the symptoms worse.

"Favorable results were obtained by Schatz mainly in metrorrhagias due to myomata (ergot had long been used in vain), in hemorrhages in the puerperium, in menorrhagias of young persons from fifteen to eighteen years of age, finally also in those forms of endometritis in which curetting had failed. In most cases, he commenced the use of the drug one week before the onset of the menses; where the catamenia recurred with undue frequency, even longer previous to the normal date of their appearance. In several cases, the flow became not only less profuse and shorter in duration, but several times it failed to set in altogether. In the case of myomata, too, the hemorrhages disappeared often for months. The incidental effects of the drug generally were only agreeable in their nature. Particularly noticeable was an increased appetite. Once only a certain lassitude occurred; in another case, states of exaltation. The dose of the fluid extract is about twenty drops three times a day."

### **Acute and Lingering Neuralgias.**

An acute or recent neuralgia, no matter where situated, can be relieved, in most cases, in a comparatively short time. This is specially true where small nerves only are affected. In cases where the sciatic or crural nerves are involved, we may have some trouble in effecting speedy cures. But even in these cases, the most violent forms nearly always yield to our treatment in a few days. Quinine, morphine, tonga, tongaline, gelsemium, strychnia, arsenic, salicylate of cinchonidia, and galvanism, each in its proper place, used in the right manner, will generally give the desired results. It is true that morphine and atropine may be required in large doses, in some cases, and the hypodermatic method may be found to be the only successful mode of administration. We can call to mind cases of sciatic and crural neuralgia, of recent origin, where nothing of an ordinary character would give more than temporary relief. Galvanism, the positive pole over the painful part, would help, but was not sufficient to cure. Here we resorted to large doses of atropine, combined with morphine. R. Morphia sulphas, gr.  $\frac{1}{4}$ ; atropia sulphas, gr.  $\frac{1}{16}$ . M. Dissolve in warm water, and inject at once, immediately over the site of the pain, let it be sciatic or crural neuralgia. This dose will always give almost immediate relief from pain, and as the system comes under the influence of the medicine, strange and peculiar symptoms are witnessed. In from three to five minutes the patient's face turns red, the eyes look bright and the pupils dilate. Dryness of the mouth and throat is complained of, water is called for, and instead of quiet the patient is apt to become boisterous. Indeed, a wild delirium, requiring physical restraint, is not uncommon after such a dose. Happily, this state of affairs does not continue long. In from twenty to thirty minutes the patient merges into a condition of stupor, finally goes to sleep, and may rest quietly for three, four or six hours. When he wakes he feels refreshed rather than exhausted. He may suffer from nausea, however, but this does not happen very often. No pain whatever is suffered now. And in some cases the neuralgia will not return after the first dose like this. In other cases we may have to repeat the injection, but smaller doses—the  $\frac{1}{16}$  gr. atropine to  $\frac{1}{4}$  gr. morphine



will generally suffice after the first large dose. But for the first injection a large dose is imperatively necessary. Small doses give temporary relief, but they rarely result in a cure. And the nearer to the diseased nerve we apply this hypodermatic dose, the better will be our success. If possible, the application should be made directly upon the nerve involved. A powerful sedative impression must be made directly upon or very near to the diseased nerve, if we expect to cure quickly by this method. And there is no danger attending this treatment, no matter how violent the delirium may be from the atropine injection.

But lingering cases of neuralgia are what we started out to essay upon particularly, and now let us look after these a little. A man comes into our office and says he is lame; he may say he has rheumatism, or he may think he has neuralgia. He is able to locate the disease, and the painful spot may be found about the hip. It may extend down the thigh, and possibly down the leg to the heel. There is no swelling anywhere, no increased heat, and no tenderness under pressure, unless we confine the pressure to a very limited spot, immediately over the nerve involved. These symptoms point to sciatic neuralgia. In another case, pain may be located in the iliac region, and in the case of a male subject it may extend in the direction of the spermatic cord and to the testicle, or in any case like this it may seem to radiate, extend over the crest of the ilium, or toward the ilio-colic portion of the intestine, and in women towards the uterus and ovaries. These symptoms point to crural neuralgia. We were called to see a woman who had been suffering for six weeks from what was supposed to be congestion and inflammation of the uterus. But a careful examination, with a correct history of the case, revealed the fact that she had crural neuralgia. No inflammation of the uterus was present. All the wrongs found about the uterus and ovaries were such as the local and constitutional measures used by the physician previously in attendance were competent to excite.

These patients sometimes linger for weeks and months. They are not exactly prostrated, and still some of them are confined to the house, or they are incapacitated for any business.

Now, to cure this class of patients is a problem for neurolo-

gists. We have been very much interested in them, have spent much time in studying them, and our experiments have not been few. We cannot succeed in curing these lingering cases with the powerful sedative measures appropriate and successful in acute or recent cases; something different is really required. This disease has gone on, and on, till a condition of local nerve impairment has obtained, that renders the part entirely incapable of responding to ordinary sedative or anodyne treatment. Measures that will produce radical changes in the whole body, and especially in the nutrition in the affected parts, are positively required. And these measures must be capable of exciting to vigorous action all the tissues in, near and about the diseased nerve.

We can, to some extent, meet these indications by constitutional measures, and in some cases effect cures with them, without the employment of local means. Where malaria is suspected of exciting or keeping up the disease, we give quinine. Where this does not give the desired results, and the patient seems worn and exhausted, we resort to arsenic and strychnia. Arsenic may be given by the mouth, five to ten drops of Fowler's solution three or four times a day. But it may excite nausea and impair digestion when given in this manner, and then we should give it by hypodermatic injection. From four to five drops of Fowler's solution in half a drachm of warm water, injected once a day, at any convenient point, will suffice. The strychnia should be given in solution. The tinct. strychnia comp., of the American Dispensatory, is an excellent form. Each drachm of this contains the eighth of a grain of strychnia. This should be properly diluted, and divided into six to eight doses, and taken within forty-eight hours. This may be continued from day to day, and the dose may be increased gradually till the patient can tolerate, without inconvenience, the one thirty-second part of a grain of strychnia three or four times daily. This we regard as a radical measure in the treatment of acute and lingering neuralgia; and, with the arsenic used hypodermatically, we are certain to help greatly, if we do not quite cure.

Where a syphilitic taint is suspected, we should give iodide of

potassium freely. Where a rheumatic complication is present, tongaline, macrotys, conium, etc. In neuralgic and rheumatic complication, we have used the following combination with signal success, in many cases. *R.* Iodide of potassium,  $\mathfrak{z}\mathfrak{v}$ .; ext. conium (solid),  $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ .; syr. aralia comp., of American Dispensatory,  $\mathfrak{z}\mathfrak{x}\mathfrak{v}\mathfrak{j}$ . *M. S.* One tablespoonful three times daily. This may appear like recipe practice, but who cares for that if we have the case in hand and this prescription serves us. Please bear in mind that this combination is one of the most useful we have ever employed in lingering cases of rheumatism, especially when complicated with a neuralgic element.

In some cases of neuralgia, where the system is very much run down, phosphorus can be used to an excellent advantage. The doses should be small at first, the increase gradual, and its effects carefully observed. Should it disturb digestion, the doses should be lessened, or its use abandoned.

With the above measures, used singly, alternated, or combined, as we may decide, many cases of lingering neuralgias may be cured. But we meet with some cases of neuralgia that will not readily yield to any and all of the measures above detailed.

Now, we turn our attention to local treatment. Many are the remedies that have been applied locally to relieve neuralgia. But of all others, electricity, in some form, is the best. Indeed, it is the only successful resort in some cases. In the application of electricity there is a great deal in the form and manner of application. While the induced, or faradic current, may amuse, and even help a little in some cases, it is not nearly so effective in the cure of neuralgia as galvanism and static electricity. To cure an old or fixed case of neuralgia, we prefer to use static electricity in alternation with galvanism. Say to-day we place the patient upon the insulated stool, and draw sparks from the diseased parts for ten minutes. This alone will frequently give relief from the aching pains suffered in the part. We have received patients that came limping and sore, really crippled, and have sent them from our office, after a seance like this, feeling almost or quite well—able to walk as well as ever in their lives. But this relief is not always permanent. It may last twelve or

twenty-four hours. But this treatment has excited a new action in the part. The practice of drawing sparks in this way positively produces a wonderful change in the nutrition of the nerve trunks, and the repetition of this operation, every day, or every second day, as may be deemed proper, will finally result in a cure. But we prefer, as above stated, to alternate static electricity with the use of galvanism. Say we use the static machine to-day, in the manner already described. To-morrow we use the galvanic battery. In the use of this we should always apply the electrode attached to the positive pole of the battery immediately over the painful spot, and let the patient hold the negative pole in the hand, or it may be placed on the arm, foot or leg of the patient. A battery with comparatively large elements is best suited for this purpose, and as many cells should be taken into the circuit as the patient can tolerate without burning or painful sensations. The seance should last about fifteen minutes. This local treatment, which should be kept up from day to day, need not prevent the use of appropriate constitutional measures. Indeed, we think these measures should, in the majority of cases, be used conjointly. One helps the other, and from this harmonious action a cure is more speedily wrought.

Here is a mistake that electricians frequently make: They suddenly observe some wonderful and unexpected results from electricity, and they almost as suddenly exclaim "eureka!" They use electricity for every kind of pain and ache, depend upon it, recommend it, discourage the use of other appropriate measures, and thus, many times, lead people into fatal errors. It should be remembered that electricity is but one therapeutic measure; that it will not, cannot, fill all the indications of every case. It has its place, and where positively indicated and rightly applied, and properly aided or supplemented, there is no remedy that can take its place. But efforts at making it a cure-all can only result in dragging it into disrepute.

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#### **The American Medical College.**

As announced last month, the commencement exercises of The American Medical College for the current year will be held

on the evening of February 28th. Pickwick Theatre, Twenty-sixth and Washington Avenue, has been engaged for the evening. Dr. Jacob S. Merrell and Hon. N. C. Hudson will preside. Spiering's Orchestra will furnish the music; Rev. J. H. Foy will open the exercises with prayer; Prof. Albert Merrell read the annual educational and college report; John L. Ingram, a member of the graduating class, will deliver an address on the part of the class; Dr. Geo. C. Pitzer will confer the degree of doctor of medicine, and Prof. E. Younkin will deliver the address to the graduating class on the part of the Faculty.

All the friends of progressive medicine, no matter of what school, are cordially invited to attend these exercises; and as the meeting of the Eclectic Medical Society of Missouri will be held on the 27th and 28th, and close on the afternoon prior to the exercises, it is expected that the attendance from the country will be quite large. We certainly hope for a pleasant season during the convention of the State meeting, and an enjoyable evening at the commencement exercises.

Announcements for the college session of 1884-5 are now ready for distribution. Address Dr. Geo. C. Pitzer, 1110 Chambers Street, St. Louis, Mo.

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#### **Peptonized Beef Extracts.**

We would call special attention to Sarco-Peptones, advertised on page facing first page reading matter. We have received samples, but have not had an opportunity to test them. After a little time we shall be able to report.

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#### **Board of Health Certificates.**

Quite a number of letters have been received inquiring about the course to be pursued in order to register as a physician in the State of Missouri; and some of these inquiries come from graduates of our own school.

Where it is known that the person is a graduate of The American Medical College, our Prof. Albert Merrell, who is a member of the State Board of Health, will send the applicant for registration a blank, upon which his diploma is verified.

This blank, when received by the applicant, is properly filled up by him, and (with the required fee) is sent to Dr. J. C. Hearne, Hannibal, Mo., Secretary of the State Board of Health, who will finally send the applicant a certificate upon which he can register as a physician in the city or county in which he resides.

If the applicant is *not* a graduate of The American Medical College, then Prof. Merrell will advise him, and indicate the proper course to pursue.

All such letters of inquiry should be addressed to Prof. Albert Merrell, member of Missouri State Board of Health, 310 N. 11th Street, St. Louis, Mo.

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### *BOOK NOTICES.*

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A DICTIONARY OF MEDICINE, including General Pathology, General Therapeutics, and the Diseases peculiar to Women and Children, by various writers.—Edited by Richard Quain, M. D., F. R. S. Cloth, \$8.00. Published by D. Appleton & Co., New York.

This is the seventh edition of this work, and its merits will insure a demand for its perpetual publication. It is not simply a book of definitions, but each subject is treated in detail, and in the most simple and comprehensive manner possible. The completeness of the work may be inferred from its size—eighteen hundred and sixteen pages of small print, double-column matter. It is a library of itself, and no conception of its value as a reference-book can be imagined. And it is not only voluminous, but the contributors of the various subjects are standard and reliable authorities. The book is one of uncommon merit, and is exceedingly cheap at the price, \$8.00.

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THE HYGIENE AND TREATMENT OF CATARRH.—By Thos. F. Rumbold, M. D., St. Louis.

This book is published in two parts—the Hygiene of Catarrh and the Therapeutics of Catarrh. The parts are bound together in one volume or separately, as the purchaser may prefer. All

in one volume, pp. 456, cloth, \$4.00. In separate volumes, cloth, Hygiene, \$1.50; Treatment, \$2.50—the two parts bound separately at same price as when bound together. And this is the preferable shape in which to buy the book.

All who are interested in the treatment of nasal catarrh should have a copy of this book. The first part of the work gives explicit directions regarding the prevention of colds, and in detail instructs the reader in the matter of proper dress. The head, neck, body, feet—the whole body is included in the details; and the suggestions regarding head, neck and feet apparel are exceedingly interesting, as well as valuable when put into practice.

Sleeping-rooms, night air, exercise, bathing, diet, whiskey and tobacco are all included, and this part of the work alone is worth more than the cost of the book.

When we come to the treatment of chronic nasal catarrh, we find the subject detailed and illustrated in a most satisfactory manner—about forty illustrations of anatomy and instruments. The treatment embraces the application, with appropriate instruments, of medicaments to the posterior nares, Eustachian tubes, and all parts of the ear. Indeed, we cannot see how a more comprehensive work could be furnished upon this subject, and we heartily recommend it to all who desire to learn more about the cause, prevention and cure of nasal catarrh and its complications—eye, ear and throat troubles. We can furnish the books at the prices named, free of postage, \$4.00.

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THE FAIR ENCHANTRESS, OR HOW SHE WON MEN'S HEARTS.

—By Miss M. C. Keller. 75 cts. T. B. Peterson & Bros., Phila.

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MANUAL OF GENERAL MEDICINAL TECHNOLOGY, including Prescription Writing.—By Edward Curtis, A. M., M. D.

This is a very neat little book, published and furnished by Wm. Wood & Co., New York. It is designed to help the beginner in the practice of medicine—teach him how to write prescriptions, how to conceal the taste of nauseous drugs; doses forms, etc., of medicine are detailed.

HEALTH IN THE HOUSEHOLD, OR HYGIENIC COOKERY. — By Susanna W. Dodds, M. D. 12mo., pp. 601, extra cloth. Price, \$2.00. Fowler & Wells, publishers, 753 Broadway, New York.

"The author of this book is evidently enthusiastic in her work; she desires to teach her housekeeping reader the principles of good diet, and to that end furnishes much more than a mere collection of details and ingredients for making articles in common use. She sets forth the why and wherefore of cookery, and devotes a larger portion of the work to those articles which the hygienic reformer advocates as essential to good blood, strong bodies, and vigorous minds. Dr. Dodds says for herself that 'the object of the work is to enable health-seekers to furnish their tables with food that is wholesome and at the same time palatable.'

As a comprehensive work on the subject of healthful cookery, there is no other in print which is superior, and there is no other which brings the subject so clearly and squarely to the understanding of an average housekeeper. The recipes, as well as the information, general directions, etc., are given in explicit, simple language, so that no one can mistake them."

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### MISCELLANEOUS PARAGRAPHS.

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#### Green Drug Preparations, or Normal Tinctures.

Green Drug Preparations are original with, and are alone prepared by, The Wm. S. Merrell Chemical Co., of Cincinnati, and for thirty years they have contended for an investigation of the principles underlying their claims. Chemists and pharmacists scouted at the idea, opposing manufacturers *ridiculed*, because they *could not* successfully *argue*.

Thousands of samples have been placed in physicians' hands, with a quiet but earnest request to "Test the virtues of the Green Drug Preparations."

To the medical profession belongs the credit of the verdict, that "in a large number of cases a *marked therapeutical difference* exists between preparations made from the *fresh* and from *dried* drugs."



**The National Eclectic Medical Association.**

We have just received the regular annual announcement and programme of the National Association, for 1884, from which we extract the following:

"The fourteenth annual meeting of the National Eclectic Medical Association of the United States of America will be held, pursuant to adjournment, at the city of Cincinnati, Ohio, beginning on Wednesday, the eighteenth day of June, 1884, at ten o'clock in the morning, and will continue in session for three days.

"The place of meeting will be at Greenwood Hall, and the Association will have a sufficient number of smaller rooms for the convenience of the sections and committees.

"The Committee of Arrangements and Reception consists of A. J. Howe, M. D., of Cincinnati; W. F. Gemmill, M. D., of Forest; H. M. Merrell, of Cincinnati; J. U. Lloyd, M. D., of Cincinnati; and L. E. Russell, M. D., of Springfield.

"Communications to the committee should be addressed to Prof. A. Jackson Howe, M. D., Chairman of the Committee.

"The headquarters of the Association will be at the Palace Hotel, directly opposite the place of meeting, and the expenses for board will probably not exceed \$2.00 to \$2.50 per day.

"The leading railroad companies are promising reduced rates of fare, and the Committee of Arrangements are using every effort to secure these advantages, but we suggest in connection with the work of the committee that the officers of state and local societies, as well as individual members, make such arrangements as they are able at their end of the line of roads. This can often be accomplished when it is known to the railroad companies about how many will be likely to take passage. Nearer the time of meeting more definite arrangements will be made known through the public prints, and facts upon this point should be made known to the Committee of Arrangements.

"The officers, committees, and the Eclectics of the state of Ohio, are determined to make this occasion the most successful epoch in the history of this Association, and why should it not be? The time is propitious; the appeal comes from all parts of the Union for more thorough organization, and the supporters of reform in medical practice are rallying around the National Organization with renewed zeal and determination. The object of this Association should inspire every one who has the interests of the medical profession in his heart, viz: "to maintain organized co-operation between physicians, for the purpose of promoting the art and science of Medicine and Surgery, and the

dissemination of beneficial knowledge, and an improved practice of medicine." Besides, we gather this year to a city the most accessible from all points of the country, centrally located, and the *alma mater* of our school of practice. We expect to greet representatives from the Atlantic to the Pacific. The extreme North will be there, and the sunny South has promised to fall into line.

"Every state society is entitled to fifteen delegates; local societies and medical colleges, each to two delegates.

"It is desirable that every state and local society, so far as practicable, send as delegates new members, as the rights of permanent members are already fixed; the state and local societies can thus add noticeably to the numerical strength of the National Association. Delegates should be appointed as soon as possible, and their names with credentials may be forwarded at any time previous to the meeting to the Secretary, thus saving time and annoyance when the Association is in session. The names of those recommended to permanent membership should also be given.

"The Secretary of this Association desires the Secretaries of state and local societies to communicate to him at an early day the names and address of their officers, number of members, times of meeting, etc.

"There have been also numerous applications to the Secretary, by physicians not members of any medical society, for copies of the Constitution, in order to ascertain how they may attach themselves to the National Association. The attention of all such is directed to Article I. of the By-Laws. It will be incumbent upon them to become members of some state or local society in affiliation with the National Body. Where there is no one in the state, they may elect the alternatives, to unite with a society in some other state, or to organize a society at home. There is abundant time for either course. It is the desire and intention of the National Association to afford abundant facilities to all worthy physicians of like sentiment and sympathy to unite with it; only desiring to guard against the receiving of irresponsible, incompetent and unworthy individuals.

"It is desired that all credentials shall define the standing of the delegates and candidates for permanent membership, and especially their eligibility as defined by the By-Laws. 'This Association may receive as permanent members such persons, graduates of regularly-organized medical colleges, holding legitimate diplomas, and physicians who have been engaged in reputable practice fifteen years, as are duly recommended by the local or State Eclectic Medical Society *to which they belong*, provided they are or have served as delegates to this Associa-

tion.' Due attention to this requirement will be an effectual protection against any unfortunate action in regard to adding to the membership."

Immediately following this the working plans of the meeting are detailed, all committees named, and a full programme made out. We have not space for all this. In concluding the announcement, the President says:

"Fellows of the National Eclectic Medical Association: The work of the season is now outlined for your consideration. You will do honor to yourselves, you will further the prosperity of our organization and school of practice, you will discharge that obligation which every genuine and conscientious physician regards himself as owing to his profession, if you endeavor faithfully to perform the part that falls or may have been allotted to you. Standing as the Eclectics do, in the ranks of the advanced guard in medicine, we cannot afford to be indifferent or negligent in good work.

"We also repeat the request to all who are desirous to promote the cause and to extend the scope of Eclectic practice, to communicate such facts of interest in regard to its condition and prospects, and to scientific and professional matters, as are in their possession. An earnest spirit of investigation, with breadth and clearness of view, cannot fail to assure additions to our knowledge which will benefit ourselves and the general community.

"The arrangement of sections will render the early preparing of papers imperative. As the By-Laws prescribe, however, that all papers read or submitted to the Association shall be deposited with the Secretary within thirty days, this care and forethought will be no hardship.

"We expect a full attendance of those who have the best interests of our profession at heart. The programme is sufficiently diversified to afford to every one something of special interest; besides, it does not confine any one who may have some matter of importance to offer. We are aiming at co-operation, the working together of the best men in our ranks to advance the cause, to exalt the ethical and professional standard, and to combine our energies and efforts for the benefit of all. Nor is it one of the incentives to be overlooked or despised, that the opportunity is given to freshen agreeable acquaintance, brighten the links of fraternal association, and extricate ourselves for a season, with great personal, moral and social advantage, from a monotonous routine life; which, however necessary, is very certain, if not occasionally interrupted, to deteriorate the health, cheerfulness, and even the character.

"We convene at Cincinnati, where the National Association was first organized, where our first college was established, where the name ECLECTIC was first adopted as our designation. Our traditions, our memorials, our history, all refer us thither. To go to Cincinnati on this occasion will be like paying a visit to the family homestead, at an annual Thanksgiving. We are certain to meet the "old folks at home." They are waiting, ready to give us a treat, which shall long be remembered. Let the opportunity not be lost. Repair thither, then, and show them how numerous and how thrifty a family is growing up, not only of children, but even of grandchildren; all of good blood, and entitled to more than a step-mother's consideration. Come from the northeast, from the region of the Atlantic and the Gulf, the Rio Grande, the Great Lakes and the Pacific. We shall be prouder than ever that we are Eclectics, when we take each other by the hand and learn of each other's ways and welfare.

E. YOUNKIN, M. D., President.

"ST. LOUIS, MO., January 1, 1884."

All who have not received a copy of the programme in full, can obtain one by addressing the Secretary, Alexander Wilder, M. D., Newark, New Jersey.

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#### **Nitrogenized Iron.**

Prof. C. C. F. Gay, of Niagara University, Buffalo, N. Y., in speaking of Nitrogenized Iron, prepared by Chapman, Green and Co., of Chicago, says: "I have used it in my practice. It is an elegant preparation, agreeable to the palate. \* \* \*

\* \* \* I see no reason why it may not, and indeed ought not, to supersede most of the ferruginous preparations."

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#### **Listerine.**

We take pleasure in stating that from some tests we have made with Listerine, we find it fully equal to what is claimed for it, and we have no hesitancy in recommending it to the profession. —*Kansas Medical Index.*

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#### **Viburnum Compound.**

J. H. Cutter, M. D., Peterboro, N. H., has prescribed Hayden's Viburnum Compound for several years, and has used it principally for dysmenorrhœa and uterine difficulties, and does not remember an instance where its has failed.

**Married.**

By Rev. E. Q. James, at the residence of the bride's parents, Feesburg, Ohio, on February 3rd, 1884, Edward Everett Peters, M. D., to Miss Flora Kleckner. The bride is a sister of J. B. Kleckner, M. D., of Lynchburg, O., a graduate of The American Medical College. The groom, Dr. Peters, is also a graduate of The American Medical College.

**Obituary.**

Died, Dec. 24th, 1883, Mrs. Sadie Dunnington, wife of Dr. R. H. Dunnington, of Atlanta, Mo., only daughter of Dr. Still, of Macon, Mo. Her disease was phthisis pulmonalis. She leaves a kind husband, a little boy, and many relatives and friends to mourn her loss.—Dr. S. W. SAUNDERS, Informant.

**PROFESSIONAL AND BUSINESS EXCHANGE.**

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## *ORIGINAL COMMUNICATIONS.*

**ART. XVI.—Hyperæmia of the Conjunctiva.—By O. A. PALMER,  
M. D., GENEVA, O.**

It will be proper to consider this disease, before taking up the other diseases of the conjunctiva, because it is often diagnosed "a mild case of conjunctivitis."

This disease may be either acute or chronic. In the acute form, if we look at the conjunctiva, we will find it abnormally red, perhaps a little swollen, and traversed by blood-vessels. The redness may be in spots at first, but later extends all over the conjunctiva, so that the white of the eye looks injected or very flush. The papillæ are elevated at the edges of the tarsus and in the retrotarsus folds. If the eyes be used, there will be increased secretion of tears, but no traces of mucous discharge, as we have in mild cases of conjunctivitis. If a patient says to me that there are burning, itching and pricking feelings in the eyes, and a sensation at times as though there was sand in the eyes, with a free flow of tears, and the lids are not held together, when he wakes in the morning, by a mucous discharge, I conclude that he has hyperæmia of the conjunctiva.. Some patients will say that in the evening, and sometimes during the day, the lids are heavy and they can hardly keep their eyes open; still they are not sleepy. Lacrymation is an annoying symptom, especially if the patient gets into the wind or where it is smoky.

People that use strong artificial light for fine work of any kind are very apt to contract this affection. If the choroid or retina becomes hyperæmic, the conjunctiva may, from a reflex influence.

A foreign body getting under the lids or on the cornea is a frequent cause of this trouble. We will soon notice it, if the eyelashes become inverted, or the lachrymal conduits become closed. Errors of réfraction will cause this abnormal condition, and we cannot promise permanent relief until they are corrected with the proper glasses. The practice of dipping the face in cold water with the eyelids open is injurious, and generally results in hyperæmia of the conjunctiva.

If we use the proper treatment, this disease is soon relieved; but, if the acute form is allowed to continue, we may have the chronic form come on, which is sometimes a little difficult to relieve as speedily as we desire. Of course, the first thing to do is to remove the cause; after this is done, bathe or pack the eyes in water or weak salt and water. A few drops of aconite could be put into water,  $\mathfrak{z}\text{j.}$  or  $\text{ij.}$ , and applied. These can be used at the temperature that is most agreeable to the patient. For an eye-water, borax or boracic acid, grs. v. in  $\mathfrak{z}\text{j.}$  rosewater works well. Two or three drops of either of these solutions can be dropped into the eyes two or three times daily.

In the chronic form keep the patient warm. Skin active. Use hot baths frequently. Keep up the general health. Avoid alcohol in any form. Use two or three drops in the eyes, three times daily, of the following collyrium: *R.* Sulphate of zinc, gr. j.; rosewater,  $\mathfrak{z}\text{j.}$  In some cases it can be used stronger.

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**ART. XVII.—Scarlatina—A Query.—By J. ALFRED B. ADCOCK, M. D.**

On the 5<sup>th</sup> of last February I was called to see a little girl of Mr. N—, age five years; about thirty hours previous to my visit she was taken with a chill, followed by intense febrile reaction, with incessant vomiting and purging. I found her vomiting; pulse was not perceptible; temperature,  $105^{\circ}$ ; bowels were moving frequently, but the urine was scant from the begin-

ning and highly colored. The surface presented a dusky or congested appearance. She was unconscious, would not let me examine the tongue and throat. This ended my examination of the case, and in one hour from this time she was dead.

On the 8th I was called to see another member of Mr. N——'s family—a boy, age thirteen years. Now, as I had an attack of acute tonsillitis, I could not see the case, but by request I sent medicine. As the boy did not improve, Dr. H., of Knob Knoster, was called in, who found a case of well-developed scarlatina maligna. The boy had a chill, followed by high febrile re-action, with vomiting and purging. His throat was sore, with swelling of the submaxillary glands, and that peculiar scarlet rash covered the entire body. After the temperature had fallen, desquamation of the cuticle set in, and convalescence was pronounced; but on the eighth day of his illness the urine grew scant and became suppressed, and two days later he died—with acute nephritis.

*Feb. 17th.* I met Dr. H. at Mr. N.'s, and took charge of three more of Mr. N.'s children (ages respectively seventeen, twenty-one and twenty-five years), who were all taken ill nearly the same time (about two days previously), and were in pretty much the same condition: sore throats, with swelling of the tonsils, and redness of the palate, arches and fauces, also swelling of the submaxillary glands; quick pulse, accelerated temperature, with slight scarlet eruption on the body. They all had occasional paroxysms of vomiting and purging, which seemed in each instance to follow suppression of urine. These all made a good recovery.

*Feb. 24th.* I was called to see Mrs. N——, age 45 years; found sore throat, and the submaxillary glands very much swollen; vomiting, and constipation; urine scant; accelerated temperature, and quick, feeble pulse. She remained pretty much in this condition for three days, when a complication of erysipelas developed on the face; from this the gastric trouble was so great that medicine and nourishment were given per rectum for four days, when she had improved sufficiently to receive treatment per mouth. In the meantime suppuration had taken place in the throat, but as soreness was leaving the throat, the erysipe-



latus redness and the swelling receding, and temperature at the normal standard, I pronounced the case convalescing. But on the ninth day of illness suppression of urine set in, with vomiting and purging, followed by nephritis and general peritonitis, when on the twelfth day of illness death closed the scene.

*Treatment.*—Tr. aconite, tr. bella., and bro. pot., were administered; as diuretics, tr. digitalis, sp'ts of nitrous ether, and tr. guiac.—the guiac. was used more for its local effects on the throat than for its diuretic properties. It has an influence on mucous substances, controlling irritability.

Used quinia and chlo. pot. as a tonic. Locally, tr. aconite and chlo. pot. were used with the spray. For external application turpentine was used.

Owing to complication, Mrs. N— had a little different treatment: to move the bowels, hyd. chlo. mite was given. To meet the erysipelatous condition, gave rhus tox. and iron. Applied tr. rhus tox. and tr. iodine, diluted, to the red and swollen surface. She was also treated to the above sedatives, diuretics and tonics as they were indicated.

*Query:*—Did the little girl die with the scarlatina? she had no eruption, no evidence of diseased throat.

Mrs. N— had no eruption. Did she have scarlatina, and die from its sequel? if not, what was the nephritis due to?

We have a *Solomon* in our camp who says there has been no scarlatina in the country. Prof. Pitzer, what shall I call it?

[NOTE.—All these people had scarlet fever; some of them were malignant, and it is highly probable that no treatment could have saved those that died. I have seen many cases similar to these, and I know their serious character. And I have known a few families to suffer from disastrous results, very much like those reported by Dr. Adcock—two or three of the family dying within a week or two.

The treatment seems to have been appropriate enough. To be sure, we might have modified the details a little, but the facts are, the cases were uncontrollable. *They were all scarlatina.*—PITZER.]

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Renew your subscription for this Journal.

**ART. XVIII. — Mrs. Winslow's Soothing Syrup. — By S. S. STAUFER, M. D., PHILADELPHIA, PA.**

"Since Dr. Winterburn has given a compact lecture on Mrs. Winslow's Soothing Syrup, the readers will perhaps accept a little more comment. That the narrative is true to the letter cannot be denied. That the name is fictitious, I am not certain, yet I always had my doubts if a Mrs. Winslow or a Mrs. Pink-ham was in any way at the bottom of either of these medicines sold so extensively.

The fact is well known that men make it a business to work or dream out patent and proprietary medicines, similar to fiction-story writers, at midnight hours, which they sell at the best prices to replenish the stock when former ones cease to recompense the vendors. There is probably greater strain to invent fancy and attractive names—as, for instance, Pink-ham, August-flowers, Win-slow, Seven-barks (or one bark and seven dogs)." —*Pamphlet.*

While at Long Branch last summer, I did try to find out which one of the three pretty cottages Mrs. Winslow usually did occupy when on the beach. That it was said the lower was about as much as I could learn.

Subsequently fell in my hands the following account of the villa: "The three very pretty houses were erected and supported from the proceeds of the far-famed Mrs. Winslow's Soothing Syrup. They are owned by the Curtis family, of New York, and there are no handsomer houses on the bluff than the fruit of the much-advertised and much-derided potion."

All strangers while travelling on Ocean Avenue at Long Branch and Elberon, in a midsummer day, will observe the cottages of the princely bankers, Seligman brothers and A. J. Draxel, the residences of Pullman and Porter, the cottages of G. W. Child, Gen. Grant, Fahnestock and Com. Garrison. I will, in conclusion, mention but the Francklyn, at Elberon, in which President Garfield died. How many millions of people long to see the latter!

Transferring from the ancient and partially, by age, decayed walls of the White House to a newly-built palace, situated at the junction of land and sea air, was the last and highest honor that

could be bestowed on a dying chief magistrate. In sympathy there was no dissention of party any more.

After this historical event, and the support of the above by millions of dollars, the Mrs. Winslow's stands pre-eminent. The lawn presents all the grandeur that art and nature can produce.

I will remark here that I have no partiality to opium or morphia treatment, and fully coincide with Dr. Winterbourn that it creates a habit in childhood, similar to drunkenness by letting children sip a little cordial, beer, wine or whiskey.

When we arrest almost instantaneously the lancinating pain in the beginning of pleurisy by a fraction of a drop of nitric acid, we know that we have reached the pain, but with morphia the nerves, and only for the time being crippled the telegraph from the pain to the brain.

But all arguments have two sides. I am now somewhat advanced in years, yet have not forgotten baby-carrying at night. We had then paregoric elixir, U. S., Bateman's drops and Godfrey's cordial, called nostrums, U. S.

As long as physicians do not provide for the emergencies in families which they attend, they will and must provide for themselves in any shop or way they can. But shall the doctor in the country leave a bottle of Mrs. Winslow's soothing syrup at every farm-house to meet emergencies?

The individual physician has little power in this direction; but I do maintain that the tremendous power proprietary medicines now wield was negligently and carelessly given them by medical associations. I have already shown how stinging or lancinating pain can be taken away without opiates.

At least one other remedy, equally simple and important, just enters my mind: When going to bed well we may awake towards morning alarmingly sick, with symptoms of vomiting and diarrhea. Three to six drops of tincture of gamboge rarely fails to settle the stomach at once, and usually the patient eats breakfast with the rest of the family. Gamboge has been official, U. S., upwards of half a century, yet these important medicinal effects have been only lately discovered. Rather slow motion, progress, when life and health are at stake.

How many more such are in existence, although partially hidden, from which medical associations could have provided family medicines; and the family physicians, if so instructed, would have introduced them, and Mrs. Winslow's Soothing Syrup and thousands of others could have never flourished.

It has come to this, that people live on proprietary medicines, and yet when they die physicians are often considered responsible.

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**ART. XIX.—Clinical Experience.—By J. P. RICE, M. D.,  
SAN ANTONIO, TEXAS.**

There is an increasing number of visitors to Texas annually, seeking health, principally for lung troubles, though there are many visitors for almost every complaint the human race is heir to. Second to lung troubles are neuralgic affections, for both of which this climate is most peculiarly adapted; and those who do not postpone too long their coming, and once here do not curtail their stay too short, find permanent relief.

San Antonio seems to be headquarters and distributing point. Many get well by remaining right here in San Antonio; and those who are able to get about, and have some means, often find an opening for their respective avocations, and hasten their recovery by being thus employed. The greater portion of the visitors, however, scatter out in different directions, some going to ranches, to Castroville, to Bandera, to Boerne, and other places. The field here affords one a beautiful opportunity for observing the many idiosyncrasies in nature's process of restoring a diseased organ to its healthy or normal state.

During the past winter the profession have been called upon to treat a very troublesome complaint of the ear—of that intense neuralgic type of an ache which would yield to hot fomentations and anodynes for a few applications, and then have no effect afterwards—the digestion and general health apparently unimpaired. Gross' neuralgic pills (improved) afforded no relief, nor solutions of atropia or quinine, all of which seemed to aggravate the trouble. Only whilst under the influence of morphine could we furnish any relief, and when it had lost its effect

the pain would seem to return with redoubled violence. Three such cases have fallen under my care. The two first I endeavored to do everything possible for their relief, seemingly to no purpose. I resorted to electricity, which, like the first application of anodynes, seemed to work like a charm and give immediate and perfect relief, only to last from fifteen to twenty minutes and return. The third case I was called to see, at first observation could detect the similarity to the two former ones, and of course felt at a loss to know what to do. She said: "Doctor, I have not slept for three nights; I have been crying and walking the floor for three nights with my ear; this morning I feel a little like throwing up, and my bowels have not moved for two days." I began by thoroughly relaxing her system with several cups of composition tea, nauseating her with a decoction of lobelia, and pushing it after an hour or two to thorough emesis. This was at 9 A. M.; and at 9 P. M. I ordered a four-drachm dose of sulph. magn., and to drop in the ear a few drops warmed of: *R. Atropine, grs. iij; aqua, ʒj. M.*

She slept well, bowels moved next morning nicely, and when I went there at 9 A. M. she was up, and, as she met me at the door, said: "Doctor, I feel splendidly; I slept well all night."

I ordered: *R. Nux fl. ext., gtt. xx; aqua, ʒiv. M. S.* Teaspoonful three times daily—thinking I had hit the mark this time, and that my diagnosis in this case, "due to deranged digestion," as I thought was so in the two other cases, was right. But at about 10 A. M. down came the son to my office, saying that his mother was worse than ever. I went back, and there she was, suffering as badly as ever. I told her she would do well to have some older physician to attend her, that my skill had been baffled in two former cases similar to hers, and I would not allow her to be tortured as they had been if anybody could afford her relief. She sent for Dr. —, and he waited upon her, attending for two weeks—just about the same time that it took the two former cases to get over their trouble—and nothing that he could do would give more than a few minutes' relief. It seems that all three of these cases had had trouble with their ears before coming to and making San Antonio their home, and were a little deaf in that ear. After their recovery from

this painful attack, hearing had been completely restored to them all. I believe, had the ear simply been kept clean, something given to improve the digestion is about all that could be done, giving a full dose of bromide of either pot. or amm. on going to bed for rest at night.

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**ART. XX.—Proceedings of The Eclectic Medical Society of Missouri.**

The fifteenth annual session of The Eclectic Medical Society of Missouri met in the rooms of The American Medical College, in St. Louis, Feb. 27th, 1884.

The Society was called to order at 2 o'clock P. M. by the President.

Roll called. Present: T. Hodge Jones, M. D., President; R. L. Galbreath, M. D., Rec. Secretary; E. Younkin, M. D., Treasurer; Geo. C. Pitzer, M. D., Foreign Secretary; W. M. Gates, M. D., A. Merrell, M. D., W. V. Rutledge, M. D., E. J. Williamson, M. D., and W. M. Corryell, M. D. E. Younkin, M. D., and J. E. Williamson, M. D., were appointed by the President to fill vacancies in the Board of Censors.

The Censors reported the following named persons as applicants for membership in the Association: F. A. Grove, M. D., Kirksville, Mo.; G. A. Rowe, M. D., St. Louis; A. V. Thorpe, M. D., California, Mo. Honorary members: C. P. Smith, M. D., Owlet Green, Tex.; R. G. Poos, M. D., Trenton, Ill. Report was received and applicants were duly elected.

President T. Hodge Jones, M. D., gave the annual address, which was full of important suggestions and was well received by the Society.

Prof. E. Younkin, M. D., presented a case of hydrocele, and gave his treatment of the same; which was followed by additional reports of cases by Geo. C. Pitzer, M. D., on the same subject. This was followed by a discussion of ways and means to best further the interest of our State organization, which was participated in by Drs. E. Younkin, Geo. C. Pitzer, W. M. Gates, G. A. Rowe, R. L. Galbreath and A. Merrell.

The following amendment, offered at the last session of the

Society, June 18th, 1883, by T. Hodges Jones, M. D.—the same being a substitute for Sec. I., Art. IV., of the Constitution—was taken up and adopted by the Association, as follows:

Sec. I., Art. IV.—This Constitution may be amended at any session of the Society by a vote of two-thirds of all the members present concurring—notice of the proposed amendment having been given prior to last adjournment.

Prof. Geo. C. Pitzer, M. D., on behalf of the Faculty of The American Medical College, extended an invitation to the members of the Association to attend the Commencement Exercises of the College at Pickwick Hall, on the evening of Feb. 28th, 1884.

Adjourned to meet to-morrow morning, at 9 o'clock.

#### FEB. 28TH.—MORNING SESSION.

The Society met as per adjournment, the President in the chair. Present: T. H. Jones, M. D., R. L. Galbreath, M. D., E. Younkin, M. D., W. M. Gates, M. D., A. Merrell, M. D., W. V. Rutledge, M. D., E. J. Williamson, M. D., Geo. C. Pitzer, M. D., W. P. Corryell, M. D., G. A. Rowe, M. D., A. H. Vordick, M. D., A. V. Thorpe, M. D., M. M. Huddleston, M. D., Kossuth Morgner, M. D., N. M. Carter, M. D., C. P. Smith, M. D., R. C. Poos, M. D., and J. H. McDonald, M. D.

The Censors reported the following names as candidates for membership: N. M. Carter, M. D., of Sedalia, Mo. Honorary member: W. L. Hammock, M. D., of Shiloh, La. Report received and candidates elected.

The Treasurer made his report, which was approved.

#### TREASURER'S REPORT.

Cash received from former Treasurer, -	\$16 96	
Cash received from Secretary, - - - -	18 00	
Warrant paid S. S. Carr, M. D., -		\$ 9 60
Balance in Treasury, - - - - -		25 36
	<hr/>	<hr/>
	\$34 96	\$34 96

The resignation of A. Churchill, M. D., of Nevada, Mo., as a member of the Association, was taken up and accepted.

Bill presented by the Secretary for expenses incurred, \$4.65. Allowed.

The following resolution was offered by T. Hodge Jones, M. D.:

*Resolved*—That it is the sense of this Association that it will be advantageous to the medical profession if the State Board of Health request all physicians to become members of the State Medical Society of their respective schools, before the issuance of their certificate to practice in this State, or as soon thereafter as practicable.

Papers were called for, and the following persons responded: "Electricity as a Therapeutic Agent," by Geo. C. Pitzer, M. D.; "Hip-Joint Disease," by E. Younkin, M. D.

Adjourned until 2 o'clock P. M.

AFTERNOON SESSION.

The Society met as per adjournment, the President in the chair.

A motion to publish the Proceedings of the Society in pamphlet form was lost.

Prof. Geo. C. Pitzer, M. D., offered the columns of THE AMERICAN MEDICAL JOURNAL for the use of the Society in publishing the Proceedings.

Moved—That we accept the proposition of Geo. C. Pitzer, M. D., to publish the Minutes of this session of the Society, and the papers of this and also of the last session; the Minutes to be published first, and other papers in following numbers of the JOURNAL as rapidly as space will permit.—Carried.

Moved—That a donation of twenty-five dollars of the funds of the Society be made to Prof. Pitzer, as a slight compensation for his liberality in giving space in THE AMERICAN MEDICAL JOURNAL for the publication of the Minutes and papers of the Society.—Carried.

Following this was an interesting discussion of new remedies, and new uses for old ones.

Motion carried to proceed to the election of officers. The result of the election was as follows:

President, M. M. Huddleston, M. D., of Big Spring, Mo.; Vice-President, W. R. Corryell, M. D., St. Louis; Rec. Sec'y, R. L. Galbreath, M. D., Carthage; Treas., E. Younkin, M. D.,



St. Louis; Cor. Sec'y, A. V. Thorpe, M. D., California, Mo.; Foreign Sec'y, Geo. C. Pitzer, M. D., St. Louis.

The President appointed Drs. E. Younkin and G. A. Rowe to conduct the President-elect to the chair. After the introduction and installation of officers, the President appointed the following committees:

Censors.—J. H. McDonald, M. D., T. Hodge Jones, M. D., and W. V. Rutledge, M. D.

Executive Committee.—Geo. C. Pitzer, M. D., E. J. Williamson, M. D., and A. Merrell, M. D.

Our Corresponding Secretary was instructed to write to our Senators and Representatives in Congress concerning the proposed *National Pharmacopeia*, and ask, if the Randall Bill come up for passage, that they use their influence in favor of giving all schools of medicine a representation in the work.

The following persons were appointed as delegates to the National Eclectic Medical Association: G. A. Rowe, M. D., St. Louis; A. V. Thorpe, M. D., California, Mo.; N. M. Carter, M. D., Sedalia, Mo.; E. J. Williamson, M. D., St. Louis; W. V. Rutledge, M. D., St. Louis; W. P. Corryell, M. D., St. Louis; W. A. Cormack, M. D., Carthage; M. M. Huddleston, M. D., Big Spring; D. B. Huddleston, M. D., Mineola; J. T. McClanahan, M. D., Boonville; C. W. Baker, Union Grove; E. Fischer, M. D., Lockwood; E. S. Oder, M. D., Bolivar; Geo. M. Siegenthaler, M. D., Leesburg.

Moved—That when we adjourn, we adjourn to meet at the call of the President, at St. Louis, Mo., on or about the first of October, 1884; said meeting to be at or about the time of the St. Louis Exposition.—Carried.

Moneys received by the Secretary during the session, and turned over to the Treasurer, \$23.75.

A vote of thanks was tendered the Trustees of The American Medical College, for their courtesy in affording the Society the use of their hall.

Adjourned. M. M. HUDDLESTON, M. D., President.

R. L. GALBREATH, M. D., Rec. Sec'y.

**ART. XXI.—Direct Medication.—By GEO. C. FITZER, M. D.**

[CONTINUED FROM MARCH JOURNAL, 1884, PAGE 109.]

*Convallaria majalis*.—This is known by the common name, Lily of the Valley. It is a native of Europe, but grows abundantly upon the mountains of Virginia and North Carolina, in the United States of America.

This drug has attracted considerable attention of late, and the experiments in its use have certainly resulted in some valuable clinical facts. In large doses it is a poison, exciting nausea, finally vomiting and diarrhoea, accompanied by depression of the heart's action. In medicinal doses—one to five drops of the fluid extract, normal tincture or normal liquid—given every three to six hours, it will lessen the frequency of the pulse in cases of heart disease, when there is weakness of that organ. In some cases the doses may be increased gradually till ten or fifteen drops are given three times daily.

There is no doubt but that this drug is a great heart remedy. The evidence in its favor is accumulating rapidly. W. S. Gathiel, of New York, in the *Therapeutic Gazette* details the treatment of quite a number of cases of heart disease with this drug. He is house physician in Charity Hospital, and has had ample opportunities for testing drugs. In many respects the convallaria is superior to digitalis. It is indicated in the same class of cases, but none of the depressing influences sometimes following large doses of digitalis need be feared when we are using convallaria. We propose to test it thoroughly. We strongly recommend its use when the heart is weak, capillary circulation feeble, difficult breathing, and dropsical symptoms are suffered.

*Simaruba*.—This is the *simaruba officinalis*. The bark of the root is the part used in medicine. The officinal infusion—three drachms of the bruised drug to boiling water one pint, and kept hot for two hours in a covered vessel and then strained—is the best form for administration. One ounce of this four times a day is an average dose. This infusion, made about four times the ordinary strength, and mixed with pure glycerine in the proportion of two parts infusion to one of glycerine, may be kept on hand for ready dispensing. Dose, one tablespoonful four

times daily. Or a tincture may be made of the drug by macerating two ounces of the bruised root in a quart of red wine for ten days, and then filter. Dose, one tablespoonful four times daily.

Simaruba is a positive tonic to the mucous and muscular coats of the alimentary canal. To insure the best effects from this drug we must commence with small doses; say we order one-half the quantity named in the above doses, and increase as we may find it prudent. When the dose is too large, nausea and diarrhœa are certain results. But small doses will always restrain a chronic diarrhœa dependent upon atonic conditions. And some of the most aggravated mixed cases of chronic diarrhœa and dysentery we have ever seen have yielded under the influence of small doses of simaruba. One case in particular, that I now have in my mind, had lingered under my treatment for nearly two years. First he had a long "spell" of dysentery and malarial fever. He finally improved a little, got out of the house, but his diet had to be very much limited, or he would suffer from diarrhœa, alternated with dysenteric discharges and tenesmus. We suspected abscess of the liver, ulceration of the bowels, neuralgia, or rheumatism, and tried many measures with but temporary results. Finally, a German friend, a mechanic, told my patient to try simaruba. He consented. The friend went to a drug-store and bought a handful—as he expressed it—of simaruba, and he put it into a quart bottle of red wine. Of this he commenced to take, in twenty-four hours, wineglassful doses, three times daily. He began to improve at once. His appetite was keen, digestion more perfect, bowels moved less frequently, gained in general strength and vigor, slept well, and actually made a rapid recovery. I watched this case with a great deal of interest, for the man is a friend of mine, and lives on the same block with me, so I had good opportunities of knowing exactly what was going on. He is now well, fat and hearty. This cure took place within the past year, and I have been using simaruba in other similar cases with very much the same results.

The facts are simaruba is a very much neglected drug. And we too frequently throw aside old remedies for new ones that

are not nearly so good as old ones. I like simaruba, and I mean to teach others to like it. Try it, and you will need no encouragement from me.

[TO BE CONTINUED.]

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### *ABSTRACTS.*

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#### **Nitroglycerine and the Chloride of Gold and Sodium in the Treatment of Albuminuria.—BY ROBERTS BARTHOLOW, M. D., LL.D.**

Hitherto the therapeutics of renal diseases have not advanced in the same ratio as our knowledge of their pathology. It cannot be said now that a cure has been found, but that two remedies of real value are available. My contribution to this symposium, on albuminuria, consists in an attempt to define the place which these remedies should occupy in a curative scheme. To do this, even in the briefest way, I must clear the ground with a preliminary statement.

I start with the proposition that those renal lesions, united by the common symptom—albuminuria—are of neural origin. There is a kinship between diabetes and Bright's disease. One of these is sometimes substituted for the other; and during the course of some rare cases of exophthalmic goitre this substitution occurs. Irritation of a certain part of the floor of the left ventricle is followed by glycosuria; of another part, by albuminuria. The recent observations of Da Costa and Longstreth prove that a relation exists, whether casual or sequential, between certain renal lesions and degenerative changes in some ganglia of the abdominal sympathetic. The hypertrophy of the muscular coat of the arterioles, discovered by Dr. George Johnson, and the increased tension of the vascular system due to an irritation of the vaso-motor centre in the medulla, both present in the chronic forms of albuminuria, are further evidences of the agency of the nervous system. It was, more especially, the condition of elevated tension of the vessels which led to the use of nitroglycerine. This remedy before all else reduces the vascular

tension. It also lessens the work of the heart, by removing the inhibition exercised by the pneumogastric nerve.

This remedy appears to have been first used by Mr. Robson, an English surgeon, in cases of albuminuria, and by him employed because the high tension of the vascular system has proved to be so pronounced an element in the more chronic cases. I have, myself, seen some remarkable instances of relief—indeed of cure—effected by it. If time were now available, I could give some striking examples. In cases of mitral disease, accompanied by albuminuria, it also renders the highest service—for the diminished peripheral tension lessens the work to be done by the heart, and assists in the more equal distribution of the blood. The effect of this in relieving the renal congestion is obvious.

Chloride of gold and sodium has quite another function. It has long been known that this remedy has a special direction to the genito-urinary apparatus. The ovarian and uterine organs in the female, the testes and vesiculæ seminales in the male, are stimulated by it, and the kidneys, by means of which it is eliminated, and in which it tends to accumulate, are decidedly affected by it in function and structure. In common with some other agents of the class to which gold belongs—for example, corrosive sublimate—the chloride acts on connective tissue, and checks its over-production or its hyperplasia. It would be quite impossible in this note to go over the evidence on these points, and hence I must ask your assent to these statements. They have been accepted as true of gold from the days of the alchemists and iatrochemists, as anyone may ascertain from that curious collection of mediæval medical learning—the Anatomy of Melancholy. It has happened, strangely enough, that Hahnemann and his followers have profited by this knowledge, and have used gold preparations—especially *aurum potabile*—in the treatment of renal diseases with success.

How and when are these remedies to be used?

Nitroglycerine is now administered, as all present know, in the form of the centesimal solution—1 minim of the pure drug to 100 minims of alcohol. The initial dose of this one per cent. solution is one minim, which should be increased until the very

characteristic physiological effects are produced. The susceptibility to the action of nitroglycerine varies greatly, and hence the dose cannot be stated in advance. It is necessary to produce some obvious effect. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the effect is not lasting, the interval between the doses should not exceed three or four hours.

The administration of nitroglycerine should begin, in acute cases, immediately after the subsidence of the acute symptoms. It is indicated in chronic cases at all periods, but is more especially useful if given before hypertrophy of the muscular layer of the arterioles has taken place. When it acts favorably, the amount of albumen in the urine steadily diminishes. The mechanism of its action consists in the lowering of pressure in the renal vessels. How far any curative effect proceeds from action of this remedy on the sympathetic system remains to be determined.

Chloride of gold and sodium is indicated in the subacute and chronic cases, especially the latter. The earlier it is given the better, if structural changes are to be prevented or arrested. The good effects to be expected from it will depend necessarily on the extent of the damage already inflicted on the kidneys.

The usual dose is  $\frac{1}{10}$  grain, twice a day, but this may be much increased if necessary. At the outset,  $\frac{1}{10}$  grain may be given; in a week the dose should be lowered to  $\frac{1}{15}$  grain, and after a month the regular dose of  $\frac{1}{10}$  grain should be steadily pursued, with occasional intermissions. Indigestion, gastralgia and colic pains, nausea, or diarrhœa, are occasionally caused by it; and if so, the quantity administered must be reduced. It is usually borne without any discomfort, but after prolonged administration salivation, weakness, emaciation, trembling, and other nervous phenomena may occur possibly. Such effects, however, are wanting in my experience.

The treatment of albuminuria by nitroglycerine and the chloride of gold and sodium does not necessitate the exclusion of other means—hygienic, climatic or dietetic. These remedies should, however, be given uncombined at different hours, and their actions should not be hindered or obscured by the effects of

other agents given with like purpose. To this general statement there may be two exceptions: with nitroglycerine, amyl nitrite or sodium nitrite may be given; with the gold and sodium chloride, corrosive sublimate may be combined. If doubts may be felt in regard to the propriety of depending on the utility of these remedies, they need not be long experienced, for if no good effects are observed in two weeks they may be discontinued.—*Cincinnati Medical News*.

### **Viburnum Opulus in the Treatment of Dysmenorrhœa and Abortion.**

As the treatment of dysmenorrhœa is confessed to be unsatisfactory, the profession will welcome the advent of any remedy which promises to be useful in this often distressing affection.

Classification is extremely useful, but the limitation of the varieties of dysmenorrhœa is not so exact in nature as in the textbooks, several factors often being present in the same case. Even in cases where we were accorded the fullest liberty of examination for a diagnosis, we often fail to give satisfactory and continued relief. Besides these, we meet many cases, as in young virgins and others, where it is undesirable to subject the patient to a physical examination. In these our diagnosis is presumptive, and our treatment must be tentative. After having run the gamut of suitable remedies, my attention was attracted by an abstract in the *New York Medical Record* (vol. xxii., p. 613) of Dr. Purdy's article in the *New York Medical Journal and Obstetrical Review* on the use of viburnum opulus in dysmenorrhœa. Not being able to procure the remedy in town, Messrs. Parke, Davis & Co. kindly sent me a lot of their fluid extract to experiment with. The results of its use have been so decided, after nearly a year's trial of the remedy, that it has been determined to make them public.

I have selected a few typical cases, from an extensive series, to show to what conditions the drug is applicable, and when it is futile to expect relief from other than mechanical means.

CASE I.—Mrs. Ellen B., 35, nullipara: has moderate pain for two days before the flow, and after it sets in the pain is vio-

lent and spasmodic. She was confined to her bed during every menstrual period—latterly her sufferings were more intense. An examination revealed a marked cervical constriction from ante-flexion. A prolonged attempt was made to introduce a probe, but failing in this, a small tupello tent was passed into the internal os, by seizing the cervix with a vulsellum and making traction to straighten the canal as much as possible.

In a few hours violent pains set in, accompanied by a premature free menstrual flow. The tent was withdrawn, and the *vi- burnum opulus* ordered, but its only effect was to somewhat modify the pains and the quantity of the flow; as she was clamorous for relief, I was compelled to give her decided doses of *sod. bromide* and *morphia*. In three weeks, after a tent treatment, she menstruated again almost painlessly, without taking any drugs. In this case the drug was a comparative failure from cervical constriction due to ante-flexion.

CASE 2. Mrs. J., primipara: this is a case of what Duncan calls "one child sterility," having been pregnant only once, and that in the first year of wedded life, sixteen years ago. Had always, even when single, suffered from disordered menstruation, usually a spasmodic dysmenorrhœa, with menorrhagia—the latter usually profuse enough to cause marked anæmia. She has had several attacks of cellulitis, terminating by resolution. Examination showed a hyperplastic uterus, slightly retroverted, but with a free uterine canal. *Cannabis Indica* had given the best results in her case, but there was yet something lacking to make her comfortable during her periods. This desideratum, the *vi- burnum opulus* supplied. Her menstruation became absolutely painless, with a moderate normal flow. She has now passed five periods in perfect comfort, by taking daily three 20-drop doses during the first few days of menstruation.

CASE 3. Mrs. D. C., 3 para: had spontaneously aborted in Aug., '82. Became pregnant again in Feb., '83. Her local condition was normal, except a large slit in the left side of the cervix, with a profuse vaginal discharge. During and after a critical illness from gastric ulcer, during March and April, she had symptoms of imminent abortion, but by rest and medication the miscarriage was prevented, the alarming pains, however, frequently



recurring. In May, the exhibition of this drug was followed by complete subsidence of the pains, and she is happily now near her accouchement.

CASE 4.—Mrs. A., a young married woman, who had a premature still-birth, followed by a miscarriage in the third month: has nearly completed her third gestation, her condition being decidedly influenced by the use of *viburnum opulus*. In her case all the usual medication, including the *v. prunifolium*, had previously been tried in vain.

CASE 5.—Miss Emma, 22: dysmenorrhœa during all her menstrual life; sufferings were so great as to induce her to permit an examination, after the failure of *viburnum opulus* to give relief. She was cured by dilatation of a flexed canal, with stenosis.

CASE 6.—Miss Hester, 19, but rather immature: has menstruated since 16, always with pain during the day before the flow sets in and during the first two days. Latterly her pain became so violent that she had convulsive attacks, with cold extremities and skin. In her case it was desirable to succeed without recourse to a local examination. Her treatment extended nearly one year, nothing but a decided narcotism giving her even a moderate relief. She was placed on the *viburnum opulus*, 15 drops every 15 minutes during the violent attacks, otherwise the drug was taken regularly four times daily in 25-drop doses, its use beginning two days before the flow set in. The result was brilliant; she has now menstruated painlessly for months, with a normal flow in place of a formerly scant one. She has developed, and is now a hearty woman.

It will be seen by a perusal of these cases that, aside from threatened abortion, this drug is most useful in spasmodic dysmenorrhœa, abolishing pain, and regulating a scanty or excessive flow. My experience agrees with that of Hale and Meyer (l. c.)—it is a direct uterine sedative. To carry this deduction to its conclusion, the drug should be useful in menorrhagia due to fibroids or other causes. I have had but one experience of this sort—a profuse and exhausting menorrhagia, due to subinvolution (the uterine canal being five inches long). The *viburnum opulus* was of positive use in limiting the flow, but, of course, other

suitable treatment was required. In cases where an examination is permitted, this drug may be expected to give relief where the pain does not last throughout the flow—where the pain ceases after a few days, although the flow continues. Where the pain and flow are conterminous there is probably a local condition not amenable to drugs, but only to local treatment.

I conclude, therefore, that in *viburnum opulus* we have a remedy valuable in neuralgic, congestive or spasmodic dysmenorrhœa, besides being of extreme use in threatened abortion.—B. F. LEONARD, in the *Medical Chronicle*, Oct., '83.

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**Convallaria and Digitalis in Cardiac Dropsy.**—BY PROF. E. M. HALE, M. D., CHICAGO.

I was the first writer in our school who pointed out the true action of digitalis, viz., that it primarily increased the tonicity of the muscular structure of the heart—increased the blood pressure in the arteries,—empties the veins, and regulates its abnormal, irregular action. That this increased tonicity increased until the heart became tetanically contracted. That the secondary effect was one of paresis, which imitated most of the abnormal conditions which obtain in a parietic heart, or one affected with structural lesion. I have pointed out the reason why homœopathsists, who invariably used the dilutions, got no curative effects. Even Hahnemann admits that only the strong tincture relieves cardiac dropsy. In order to relieve cardiac dropsy, or the various troubles which arise from a weak heart, digitalis must be administered in definite, material doses, sufficient to cause its primary effects. In other words, it is secondarily homœopathic to weak hearts, and must be selected for symptoms such as are caused by its secondary effects.

Convallaria does not differ essentially from digitalis in its action on the heart. It may not, probably does not, act exactly as does digitalis. There are some differences in their action which we are not at present able to point out. But this I will say of convallaria—that it will act favorably on a weak and irregular heart, removing dropsies, congestions and other ailments, when digitalis will not act favorably in any doses.

I have now a patient under my care, an old man of 70, whose heart when I first saw him was so irregular and weak that all rhythm was lost. There was nearly complete suppression of urine, dropsy of the extremities, face and chest, great dyspnoea, and cough with bloody expectoration. It was a case of mitral regurgitant disease. He had been treated with digitalis by a homœopath and an allopath; the latter used the official infusion, but its action had been *nil*.

I prescribed five-drop doses of tinct. convallaria flowers every three hours, and improvement commenced in twelve hours. The heart action became regular, the action of the kidneys was resumed, and in a week the dropsical and other symptoms had disappeared. I do not know why the convallaria acted so favorably when digitalis failed.

In another case, similar, where I was called in consultation by Dr. Bartlett, of Aurora, Ill., digitalis in all doses had been tried, and only afforded temporary relief. I advised convallaria, five gtt. every four hours. The same surprisingly happy effects occurred as in the former case, and the patient is now rapidly improving under its use.

Convallaria has many points of superiority over digitalis. It does not nauseate or vomit, except in rare instances. It does not destroy the appetite or cause debility. It can be given indefinitely without causing the so-called "cumulative" action we sometimes get from digitalis. It causes no unpleasant head symptoms or nervousness. On the contrary, it is a sedative to the nervous system, and a pleasant hypnotic in cases of sleeplessness in cardiac affections.

But if our school expect to get its good effects they must give it in appreciable doses. From less than one drop every two hours I have never seen good effects as a heart tonic. The dose may have to be increased in bad cases to fifteen drops every three or four hours.

Many have written to me complaining that no good effects followed from the use of the dilutions. They had no cause to complain. So soon as they give it in five or ten gtt. doses, improvement set in promptly.—*Am. Hom.*

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**National Pharmacopœia.**

There has been introduced in the House of Representatives, by Mr. Randall, the following bill:

"A bill to prepare and publish a national pharmacopœia for the United States:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled. That the Secretary of the Treasury shall, as soon as practicable, detail two officers of the Marine Hospital service, and the Secretary of War shall detail two officers of the medical staff of the army, and the Secretary of the Navy shall detail two officers of the medical staff of the navy, for the duty of compiling and preparing a pharmacopœia, which shall be known as the "National Pharmacopœia of the United States of America," and shall be held and accepted as the standard for the purveying, compounding and dispensing of drugs or medicinal agents, and shall be taken as authority in the Treasury department on all questions arising under the tariff laws of the United States with regard to the nomenclature, description and purity of drugs or remedial agents, and shall further be received in evidence in the United States Courts, and the matters contained in the said pharmacopœia shall be free for use by all authors and commentators for the benefit of the medical and pharmaceutical professions and of the community at large; and it shall not be lawful for anyone to reprint and publish the said pharmacopœia as a whole.

SEC. 2. That the medical officers detailed as above provided shall invite the American Medical Association and American Pharmaceutical Association, at their next annual meeting, to form committees of not more than three members from each of the said associations, which committees, if so appointed, may co-operate with the above named medical officers in the preparation of the said pharmacopœia, forming a board which shall have power from time to time to add to its number, as may in its judgment be necessary, and which shall elect a chairman and a secretary, and adopt such rules as it shall see fit for the expediting and perfecting of said pharmacopœia, which, when completed, shall be printed under the supervision of the said board; and an edition of not less than 5,000 copies shall be printed for

use in the several departments of the Government of the United States; and copies may be furnished to private persons in accordance with the provisions of section 3,809 of the Revised Statutes.

SEC. 3. That for the purpose of defraying the necessary expenses of preparing the said pharmacopœia the sum of \$5,000 is hereby appropriated out of any moneys in the treasury not otherwise appropriated, and the same shall be disbursed under regulations to be prescribed by the Secretary of the Treasury.

SEC. 4. That the said pharmacopœia shall be revised once in ten years, upon the plan embodied in this act."

Here we are to have a *National Pharmacopœia* compiled and prepared by a partizan and sectarian commission, constituted by law and clothed with most extraordinary powers, composed exclusively of allopathic physicians, who are officers in the service of the United States and detailed specifically to do a work they may be illy qualified to accomplish.

But perhaps the most extraordinary feature of this very remarkable measure is the importance it confers upon the work when completed. Here we are to have a sectarian work, by sectarian authors, which "*shall be known as The National Pharmacopœia of the United States of America,*" and which shall be held and accepted as standard for the purveying, compounding and dispensing of drugs, and shall be taken as authority with regard to nomenclature, description and purity of drugs, and shall be received as evidence in the U. S. courts.

Does not this look like the entering wedge to the establishment of a State medicine? Would it not be as consistent for the Presbyterian, Methodist, or any other church or religious denomination, to invade Congress and secure the passage of an act creating a church ritual, to be known as the "*National Church Ritual of the United States of America,*" and which "shall be accepted as standard authority" on all questions pertaining to religious belief and modes of worship?

It may be a very desirable thing for our allopathic brethren to thus receive the signet of the Government, and have the privilege of making a Pharmacopœia to their own liking, and compel the physicians of every school to accept it as the only author-

ity upon the subjects embraced—by a national law, and at the same time receive pay for the injury they thus inflict.

Pertinent to this subject, the *Independent Medical Investigator* has the following:

Leaving out of question the propriety of the U. S. engaging in the medical book publishing business, we think the bill objectionable and unjust for the following two reasons, viz:

First—There is no demand for such a work, there being at the present time at least three Pharmacopœias, representing the three principal schools of Medicine in the U. S. These have been carefully compiled, and are as nearly correct as possible from our present knowledge.

Second—The greatest objection is the ostensible object of this proposed publication, which is to legalize, to the exclusion of all others, the allopathic system of practice, thereby in a great measure stop the march of progress that has been steadily on the advance for the last fifty years in the U. S. The Pharmacopœias of other systems would lose their prestige and influence because they were not recognized; this would gradually reduce the number of the adherents of the unrecognized, and would prevent that increase of membership that would naturally be their followers, all of which would in a short time cause all opposition to die from inanition; for what school can live when the Government virtually says it cannot be recognized? To see clearly that this work is to be exclusively allopathic, we refer to the provision of the bill creating the committee. All of these are allopaths, and it would be unreasonable to expect of them, though they knew of the grand truths brought forth by the eclectics, to incorporate them in a work of their formation. Some may answer: "This is not materia medica or practice, it only pertains to nomenclature and manufacture." True that this is all, but do not we wish an opportunity to assist in adopting the proper nomenclature and manner of manufacturing the different articles that we propose to use in our warfare on disease? Can we expect men to give the proper method of manufacturing an article they know nothing of whatever—something they have never investigated? The answer is plain. Then if there is a pressing demand for this work, let the committee be an impar-

tial one, composed of two of the leading pharmacists from each of the different schools of medicine, and in conjunction with two members of the American Pharmaceutical Association, formulate a work that shall be considered a standard. This would be fair to all, yet not desirable. The matter is a deep-laid scheme to increase the strength of allopathy and to weaken all opposition. Let every member of the eclectic and homœopathic school be on the alert; do not sit idly still and wait for the chains to be forged that will bind you hand and foot, making you so many medical serfs. Let every eclectic and homœopath write at once to the member of congress from his district, calling his attention to the matter, and if his answer is not plain and unequivocal, immediately secure petitions and forward to him, demanding our rights. Unless prompt action is taken, this measure will be slipped through Congress.—*Keystone Medical Journal*.

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**Puerperal Fever and its Management.** — BY T. GRISWOLD COMSTOCK, M. D.

Puerperal fever usually sets in within the first few days after delivery; intermittent fever, on the other hand, may set in some days after delivery, and the usual chills accompanying the intermittent are more regularly recurrent, and the temperature is subject to more change than in puerperal fever. In a true puerperal process we have a high temperature,  $103^{\circ}$  to  $104^{\circ}$ , which seldom goes down to less than  $102\frac{1}{2}^{\circ}$ ; but in intermittents such is not the case. With the former, we have also a development of abdominal pains; sometimes they may be at first vague, but still more or less persistent, and the vaginal temperature is greatly increased, the cervix painful, the abdomen tender, swollen and progressively tympanitic. We claim that it is the practitioner's duty to clearly decide in his own mind whether a fever in the lying-in is simply an intermittent, remittent, or a real puerperal process (sepsis). One cause of a puerperal process, which I failed to mention before, but which is most important and not to be overlooked, is *traumatism*. This traumatism may be caused from the use of instruments in difficult labors. The forceps may have been unskillfully applied, and the soft parts contused or

injured so much as to produce traumatic or surgical fever, which may result in septicæmia. Such instances are by no means so very unfrequent, and should be carefully taken into account.

The young obstetrice might be alarmed if his patient, about the third day after delivery, has a sudden rigor, followed by headache and some fever. These symptoms may be ordinarily expected with the first appearance of lacteal flow, and this is commonly known as "milk fever," and has no relation necessarily with malarial fever. These cases may be easily treated with such remedies as belladonna, mercurius, bryonia, or gelsemium, and they generally terminate in a day or two; but, when an intermittent fever is clearly recognized, then we insist, of all known remedial agents, chinin is the best, in doses of nine grains night and morning, until from thirty to forty grains have been taken. Other remedies, such as gelsemium, arsenic, ipecac and bryonia may be also indicated and precede the administration of the chinin—they will indeed, in many instances, break up the fever without the chinin, but, if we cannot stop the recurrence of the chills, we should not neglect the timely use of the last-named remedy.

*Special Treatment of Puerperal Processes or Puerperal Fever.*—If a puerperal process is diagnosticated, if the lochial flow is profuse or scanty, and *smell's badly*, then we advise the use of antiseptic solutions to wash out the uterine cavity, and they can do no harm in all cases where self-infection may be possible; at any rate, if from any cause we suspicion that the discharge from the uterine cavity is *septic*, we may at least render it *aseptic* by the cautious use of an antiseptic injection. What injection shall we use? Carbolic acid may be selected, and a two per cent. solution is, under all circumstances, perfectly safe (we sometimes use it stronger—even to a five per cent. solution); acetate of aluminum is another, one per cent. solution; corrosive sublimate is another, perfectly safe, and is one of our best antiseptics, used in a strength of about one to two thousand.

All of these preparations I have had personal experience with, and with precautions I have found them harmless. No one can make an intra-uterine injection, except the practitioner himself, and he should have the assistance of a good and experienced



nurse. To administer an injection into the uterine cavity, the patient should be turned upon her left side, with the hips at the edge of the bed (knees drawn up to the abdomen), and then the injection given by introducing Nott's uterine catheter, through which the solution may be injected by introducing the uterine syringe into the same; or, what is still better, Jenison's uterine douche-apparatus may be used, which of all instruments devised is the safest, the most practical and the best. I usually inject the solution at a temperature of about 100°, and employ from two to four ounces or more. If the discharge is dark colored or fœtid, I then carefully inject until the return discharge becomes clear. In every instance where I have tried this, the patient has soon after the operation felt better, and, what is more, *where I have used carbolic acid the temperature has been reduced*. This is one property of carbolic acid, to reduce the temperature in fevers so that I unhesitatingly concede that it possesses a specific antipyretic action. From clinical experience, I know that carbolic acid is antipyretic, for I have in several instances seen the temperature fall in septicæmia after washing out the uterine cavity with it. I have also tried it hypodermically in similar cases, and have never seen any bad effects from it, but as a result the lowering of the febrile heat. The strength of the solution of carbolic acid which I have used hypodermically was the same as employed for intra-uterine injections, viz.: a two per cent. solution.

Strictly speaking, carbolic acid, like iodoform, is a poison, cumulative in its effects—I am speaking now when it is given for some time and in larger doses than here recommended—and if we can replace it by other medicaments that are absolutely innocuous, it will be best. If carbolic acid did not possess antipyretic properties, I would prefer other antiseptics. At present, in all cases of labor, I employ boro-glyceride as a disinfectant. The preparation I use is one part of boro-glyceride, dissolved in two parts of glycerine. When making any obstetrical or gynecological examination I anoint my fingers with it, and I direct the nurse, after the labor is over, to add a little of the same to all water which she uses to make ablutions to the patient's privates, and to apply a cloth to the privates wetted in warm water

and the boro-glyceride solution. Should the woman have any excoriations or contusions as the result of the labor, I then add a little of calendula tincture to the boro-glyceride, and then make use of the mixture.

By using boro-glyceride, I confidently believe we may prevent, perhaps, any external infection, and whenever we wish to use any ointment it is best to combine it with vaseline, one drachm of the former to the ounce of vaseline; and in this connection, I may add that I use this combination of boro-glyceride and vaseline as an ointment for inunction in scarlet fever, which is carefully applied twice daily.\* For the past two years, in obstetrical practice, it is my custom to have the mattress covered with tarred-paper, and then the sheet spread over the paper. This peculiar tarred-paper is thick enough not to tear, costs but little, is far better than oil-silk, because it is antiseptic; it is impervious to moisture, and thus preserves the mattress from being soiled or in any way injured, and as soon as the bed is changed the paper can be thrown away. It is very practical, and will be found convenient whenever injections are required to be given.

A case of puerperal fever which occurred in the practice of the writer a year ago was in a woman who had a premature labor, and was delivered of a dead six-months' fœtus. She suffered from a protracted case of the disease, complicated at last with abscesses and bed-sores, from which she remained an invalid for more than four months, but finally recovered. But in this instance the puerperal fever was caused from the contagion of scarlet fever (external infection), as at the time of her labor two of her children were down with it in the same apartment, and I attribute the mother's attack to the infection of the poison of the scarlet fever. Suffice it to say, the antiseptic precaution of using the tarred paper was not carried out; although I do not propose to insist that in this case in question it would have prevented the spread of the contagion; it would have done no harm, and, for aught I know, it might indeed have antidoted the poison.

If a physician is attending scarlet fever, diphtheria, erysipelas,

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\*Boro-glyceride has been well described in previous issues of the AMERICAN MEDICAL JOURNAL.

typhoid fever, or any case of puerperal fever, he should decline to attend any new case of labor—at least, if he does run the risk and attend any new case, he should change his clothing and spray himself with disinfectants, be careful to make the touch in his puerperal patient by using, say the *left* hand, and for his new case use only the *right* hand.

If the practitioner contumaciously disregards the dangers and precautions above named, and attends a new confinement case, and the puerperal infection is spread, the medical man might be liable for the consequences, if sued for damages in a court of law. The modern physician recognizes that, with the advances made in sanitary science, the medico-legal responsibilities of the practitioner of the present day have greatly increased, and it is incumbent upon every member of the profession to be well posted in the principles and practice of hygiene; otherwise, if they should happen to be summoned in a court of law as a witness or as plaintiff, some sharp lawyer may astonish them by his questions, and thereby embarrass them, or even expose their ignorance before a jury.

Apologizing for this digression, I will name some of the remedies required in puerperal fever. I will not go into the detail of all the special indications for the use of each remedial agent, but merely say that the following remedies should be within reach of the practitioner, to be given as they may be called for in his judgment.

The principal medicines are aconite, belladonna, gelsemium, veratrum viride, mercurius dulcis, bryonia, arsenicum, ipecac, opium, digitalis, salicylic acid, carbolic acid, quinine, Warburg's tincture and alcohol. The indications for most of the remedies, except perhaps quinine, are known to all who read this article.

If the fever runs high, and seems to be unmanageable by the ordinary remedies, quinine may be given in ten-grain doses, twice daily, or even oftener.

Warburg's tincture may follow quinine; its good reputation, originally confined to India, where it was first used, has been confirmed in this country. Opium may be required to relieve excessive pain, when peritoneal inflammation is present, and McMunn's elixir is the safest and best preparation to use.

*Veratrum viride*, in tincture, for intense fever, should usually precede quinine; *digitalis*, for weakness of the heart and collapse; and another remedy to allay the fever is salicylic acid, in from two to eight grain doses; or, in extreme cases, carbolic acid hypodermically. Cold sponging, with alcohol or vinegar, hot fomentations over the abdomen, also aconite tincture, made hot, diluting with a little alcohol, and then saturating a piece of spongio-pilline with it and applying the same over the abdomen, are all valuable auxiliaries. If the patient is nauseated, let her drink, *ad libitum*, carbonic acid water out of a syphon bottle.

The diet should be milk and lime-water, milk-punch made with whiskey, wine-whey, butter-milk, or koumiss.

The apartment should be well ventilated, the bed-clothes and clothing of the patient should be changed every other day, and withal the greatest care should be taken that the patient does not have bed-sores.

We have seen bed-sores trouble a patient and prevent convalescence for weeks, and even turn the scale, so that a fatal issue was the result.

It is best to bathe off the patient on the parts most dependent, where she habitually lies, with boro-glyceride solution, to which a little calendula tincture may be added—this is to prevent the bed-sores.

In some cases, it may be well to cover the hip or thigh, or the back (the part of the body that she habitually lies upon), with some American skin-plaster, or possibly adhesive plaster—this is also to prevent the formation of a bed-sore. I beg leave to copy the following, which I have translated from Drs. Ahlfeld and Marchand's most interesting clinical report from the Giesen Obstetrical Clinic.\*

In speaking of the causes of puerperal fever, they say: "In fine, in a practice of fifteen years outside of the lying-in hospital, the majority of fatal cases of puerperal fever which came under my observation were the direct result of an incomplete de-

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\*Berichte und Arbeiten aus der geburtshelflich-gynecologischen Klinik zu Giesen, 1881-82, von Dr. F. Ahlfeld, mit Beiträgen von Dr. F. Marchand. Leipzig, 1883.

livery of the placenta (self-infection), or at least from pieces of the placenta which were left in the uterine cavity."

Dr. Atthill, of Dublin, also says:

"It is well known by experienced obstetrists that puerperal women may be self-inoculated by poisonous matter originating within their own bodies, from the decomposition of blood clots; or of portions of the membranes or placenta which have been retained in utero."—*Medical Era*.

### **The Significance of Double Sciatica.**

In a recent clinical lecture Professor Charcot described the case of a woman, aged sixty-one, who had been operated on several times for scirrhus of the breast. She developed very severe double sciatica, with pain in the region of both anterior crural nerves. The pains were exasperated by the erect position, so that walking became impossible. There was tenderness in the lumbar and sacral region of the spinal column, but there was no muscular atrophy, alteration of reflexes, or disturbance of the functions of the bladder or rectum. Professor Charcot insisted that double sciatica is always symptomatic, and the causes are (a) diabetes; (b) certain spinal diseases, for example, locomotor ataxy and meningo-myelitis; and (c) some alteration in the nerves themselves. There was no sugar in the urine, nor any evidence of those spinal affections; and in the absence of any sign of a tumor in the pelvis the readiest explanation was cancerous invasion of the vertebral column, causing pressure on the nerves. Secondary cancer of the spinal column was held by Cazalis to be very common, especially after scirrhus of the breast, but it may be also met with in cancer of the stomach. In practice it is important to note that the presence of double sciatica in cancerous patients indicates metastasis, and contra-indicates operative interference. Conversely, severe neuralgic pains in patients at the age for cancer should suggest a careful examination of the breasts, the stomach and the uterus. Such pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer, but a fungous mass may project from the spine, in which case the vertebræ will be infiltrated, and the consequences will be similar to those of Pott's disease.—*Bost. M. and S. Jour.*

## EDITORIAL.

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### A National Medical College.

There is on foot a movement to establish a national medical school, where students may learn medicine to their satisfaction. That is, they may have allopathic, homœopathic or eclectic therapeutics. This school is to be provided with representative teachers from the three leading branches of the medical profession. What will be the result of this movement we dare not venture to say. But if we look after our interests properly, we shall have nothing to regret, and shall certainly get our just deserts.

One Daniel Leasure, M. D., in writing to the editor of the *Journal of the American Medical Association*, gets off some funny things about this proposed school, and says some very good things too. He says:

MR. EDITOR:—In common with the profession, I am watching with a good deal of interest the development of the plan to establish schools of medicine by law of Congress, as contemplated in Mr. Call's bill for the establishment of a national medical university, and I am much pleased with your suggestion to add chairs for the demonstration of the claims of the "faith cure," and the total abstinence from alcohol schools, and I hope your suggestion will meet with the favor of our representatives. (This of course is ironical.—ED.) The greatest difficulty will be in finding enough allopathic doctors to fill the chairs allotted to that school. I have been a member of the American Medical Association since its formation, and am free to say I have never met an allopathic doctor amongst its members, or for that matter anywhere else. I have met electropathists, homœopathists, hydropathists, eclectics, faith curists, prayer curists, mesmerists, fumblers, and blue glassists, but never an allopathist. (What a joke!—ED.) A doctor who proclaims "contraria contrariis curantur" to be the only true principle of practice, and that he pursues that practice to the exclusion of all others, or who believes in

it at all as a scientific dogma, must be a rare bird, indeed. The Code of Ethics does not prohibit a member of the American Medical Association from adopting any therapeutic method that his reason or experience may suggest to him for the help of his patients, but he may not proclaim that method to be the only rational or scientific method of treating disease, to the exclusion of all other methods.

I hope Call's bill will become a law, because I think it will do more for rational medicine than can be done in any other way, simply because it will dispel a popular delusion originating in schools that have ever made their success by catering to popular credulity, and crying out against a profession that long ago cut loose from all theory, all dogmas, and adherence to the teachings of any master, only admitting a thing to be absolutely true when proved by the general test of universal experience.

It is about time that the public should learn that personal skill is the desideratum in the practice of medicine, independently of any school or any master. There are many methods of treating disease, but the success of any method depends on the skill of the individual practitioner, and not upon any iron-clad dogma, and the chief glory of modern medicine, as represented by the profession at large, consists in its entire freedom of opinion on all questions of science and art in their application to practical ends.

DANIEL LEASURE, M. D.

36 Jackson St., St. Paul, Minn.

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### **The State Society Meeting.**

In this issue of the JOURNAL will be found the proceedings of the last meeting of the Eclectic Medical Society of Missouri. The papers will be published in succeeding numbers of the JOURNAL.

The meeting was a success, although the attendance was not large. It seems impossible to convince country physicians that there is any necessity for an organization of eclectic physicians. At least we are led to infer as much from their behavior. We know that we have a chartered society, and that a few men keep the society alive. And had it not been for these few men, who have faithfully worked and kept up the society from year to

year, and preserved its charter, we should not have any representative on the State Board of Health to-day, nor should we deserve it. Without a chartered State society, no school of medicine can possibly keep up its identity, and accomplish the work necessary to be done to forward and protect the interests of the profession generally, and their own welfare particularly.

We may publish journals and operate medical colleges in cities, but unless we are thoroughly organized throughout the country, and work in some kind of harmony, our forces become demoralized, and but little good is accomplished. We may labor hard to keep up a high standard of medical teaching, and give the country practitioner books and journals of which he is proud, and to which he may refer his neighbors who frequently please to question his resources, but unless we can in turn have the support and harmonious assistance of these men, we cannot make the showing we really merit as a school. In medicine, as in everything else, the institutions of this country depend mainly upon the people. Our country physicians must be made to see the necessity of organized efforts. They must know the real necessities of State societies. As individuals, in country or city, we cannot sustain ourselves. In order to meet emergencies and protect our interests, we must present our claims in the shape of an association. How can we do this if we have no organization? How can we have organization and State meetings if nobody leaves home? Stay at home, never attend the State meetings, and where will our great and much lauded American progressive practice of medicine go to? When a State law is proposed that threatens to oppress any particular school, what could we do without organization? This was beautifully illustrated in the passage of the present Medical Practice Act, and in the organization of our present State Board of Health. One of our friends, Dr. A. Churchill, was anxious to have the Physio-Medical School recognized by the State, in the appointment of a member on the State Board of Health from that school. Why was it not done? Because there was no chartered organization of that school in the State. The physio-medicals felt that they were injured. But we should have fared the same fate if we had not been organized. And something of a like nature to



this is coming up almost every year. Now there is a move on foot to have a National Pharmacopœia. If we must have a National Pharmacopœia, then we say let it be national, and not sectional or sectarian, but broad and representative, embodying at least the established work of the three leading schools of the country. And if we are well organized everywhere, and work harmoniously, it will be very hard for the government to pass and execute an act that will ignore our wishes. But if we quietly fold our arms and say, well, we will attend to our practice, and leave these matters of contention to the men who enjoy them—then we may expect to be ignored. And how we should complain! We would cry out oppression, ostracism, and never think for a moment that we deserved it. The facts are these: if we ever enjoy what we think we merit, and sustain ourselves anywhere, it will be by attending to our duties. While we work almost night and day in the cities to furnish literature and keep the country physician well informed about passing events and the advances in medical science generally, so far as is possible for us to do, we want and must have their harmonious action in every conceivable way. We want clinical reports from them. We want their presence at our society meetings. We want their students at our colleges, and we want their subscriptions for our journals, and their aid will enable us to do much better work, and our harmonious labors and thorough organization will soon result in a wonderful increase of our respectable minority.

The State society has seen proper, ever since the demise of Dr. Fisher, to elect the editor of this journal as foreign correspondent. After this we propose to do more, but our correspondence shall be mainly with *foreigners in Missouri*. We mean to do our very best to thoroughly organize the eclectics of this State. All old and new members should take an interest in this matter, and use their influence in having the society filled up. Persuade every man, if possible, who does not already belong to some medical society, to at once unite with us. A friendly spirit should be manifested toward everybody, and many liberal yet well educated physicians now out of all medical society might be brought into active service: Let us at once look after these things, and our societies will prosper.

**Commencement Exercises of the American Medical College.**

The annual commencement exercises of the American Medical College were held on the evening of Feb. 28th, at the Pickwick theatre. There was a fine attendance of first-class people. The following gentlemen occupied seats on the platform: Dr. Jacob S. Merrell, President of the college; Hon. N. C. Hudson, Vice-President; Dr. M. M. Huddleston, President of the State Eclectic Medical Society; Dr. T. Hodge Jones, Dr. J. H. McDonald, Dr. Albert Merrell, Dr. Geo. C. Pitzer, Dr. E. Younkin, Dr. W. M. Kinsey, Dr. John T. Sibley, Dr. W. V. Rutledge, Dr. G. A. Rowe, Rev. Dr. Foy. Excellent music was furnished by Spiering's orchestra. The exercises were opened by prayer, the Rev. Dr. Foy officiating.

Prof. Albert Merrell read the annual report of the college to the trustees. He referred to the serious loss occasioned by the death of five members of the faculty during the year, all of whom were men of great worth, whose places had been hard to fill. They were Drs. John W. Thrailkill, P. D. Yost, J. E. Morris, J. H. Wright and S. H. Potter. Their places had been permanently supplied, and the faculty was again full. During the year fifty-four students had entered the college, and the present graduating class embraced fifteen members. The condition of the institution was encouraging, and satisfactory progress was being made in every way.

Dr. John L. Ingram delivered the valedictory of the graduating class. His effort was a most happy one, manifesting great originality and genuine pluck. Succeeding Dr. Ingram's effort Dr. Foy made a few remarks, in which he pointed out that the road the young men before him had chosen was not an easy one, though full of honor to those who rightly followed it.

Prof. Geo. C. Pitzer conferred the degrees on the members of the graduating class and distributed the diplomas. As the young graduates stood upon the platform a large number of bouquets were sent forward, some of them very elaborately arranged. The names of the graduates are: L. D. Forman, Illinois; Jerome L. Harrell, Illinois; James A. Martin, Missouri; C. C. Hankins, Illinois; Jesse A. Swem, Missouri; A. H. Vordick, Missouri; Joseph T. Bills, Missouri; C. P. Smith, Texas; Wm.

L. Bandy, Missouri; Robert C. Poos, Illinois; James L. Brackett, Missouri; Wm. T. Hammock, Louisiana; Alonzo V. Thorpe, Missouri; Albert Nay, Illinois; John L. Ingram, Missouri.

Prof. E. Younkin delivered the address to the graduates, beginning with an original poem, in which various allusions were made to the members of the class. He gave, as the essential elements of success, brains, knowledge and energy. The two great classes into which it seemed to him physicians could be most conveniently divided were the crystallized and the progressive. The terms allopath, homœopath and eclectic did not now draw fairly the distinctive lines, for there were allopaths who gave homœopathic globules of sugar to amuse their patients, and homœopaths who gave calomel, and followed it up with castor oil to amuse of course; and there were eclectics who mixed the oil and the sugar to amuse of course. The distinctive lines were now only paper, and very thin at that. The words regular and irregular were but little better, for some of the regulars were very irregular, and many of the irregulars were just as regular as the most pretentious. He would have the graduates to be free, to bow to no dogmas and to be trammelled by the shackles of no sect or party.

Dr. Jacob S. Merrell, President of the college, presided, and called the programme in its regular order. The Rev. Dr. Foy pronounced the benediction..

And thus ends another year of college work for the American. While the graduating class is not large, it is of a high grade, and its members are a credit to the profession.

We immediately enter upon the twelfth year, and announcements are now ready for distribution. That the reader may know something of the aims and workings of this college, we quote a few paragraphs from the announcement of the Board of Trustees;

"THE AMERICAN MEDICAL COLLEGE holds but one regular session annually, commencing the first of October and closing in March following; and it is to the interest of students to be present at the opening of the session and continue in regular daily attendance during the entire course. Those who begin with

the first days of the session get the key of knowledge and gain a better understanding of what follows in the Lecture course.

"Regarding the practice of holding two Medical College Sessions annually, both counting the same in graduation and sold at the same price, we must offer our serious objections. We hold that all the energies and resources of a Faculty engaged to teach a class of medical students should be thoroughly exhausted, comparatively speaking, in delivering one first class, thorough course of lectures each year. If this be done during a long fall and winter session, the same Faculty is not able to immediately repeat this course with the same zeal manifested during the first. Indeed, the experience of former years, when the American Medical College tried to hold two sessions annually, in order to work in harmony with other schools, and all our observations warrant us in stating, emphatically, that where two such sessions are held by medical colleges, neither is what it should be.

"Literary institutions can run successfully nine months in the year. The time is divided into first and second semesters, and the curriculum of study is comparatively limited. No such comprehensive courses as the whole study of medicine are ever imposed upon students at literary institutions.

"If medical colleges must teach the whole year round then the time should be devoted to one complete course, certain branches embraced in the first semester, and others taken up during the second. This might be well enough if it could be generally adopted, but the practice of crowding two full courses of lectures upon students in the same year, simply means to hastily run over the outlines of medicine and leave the student to infer or work out the remainder at his leisure. The times demand a higher order of medical college teaching than this, and we urge that one full session annually is what should be required; and the time is not far distant when all medical colleges must conform to one session, as the rulings of State Boards of Health are such that colleges holding two sessions annually will not long be recognized. Such colleges are already placed upon conditions, and are continually in danger of litigation and total rejection.

"This school takes special pride in giving its classes a thorough practical course of instruction, and the Board of Trustees has spared no pains in securing competent teachers for each department. And the curriculum of study in the American Medical College is acknowledged, at home and abroad, to be inferior to none in the United States. The chairs are all filled by men of superior medical education and ripe experience, yet in the prime of life, and engaged in the active practice of their professions, which specially qualifies them for teaching the practical details of medicine and surgery.

"The requirements and practice of the American Medical College being in harmony with State Boards of Health, where physicians are required to register on the basis of diplomas, under the regulations of State Boards, they are not likely to be questioned when they hold diplomas from this college. And where students or physicians aim to qualify themselves for examinations before State Boards of Health, the Faculty of this school takes special pains in preparing them for these examinations. Indeed, the facilities are so ample, and the efforts to make the course of instruction so comprehensive, thorough and practical, that students who apply themselves properly can hardly fail to pass the most rigid examination they may ever have to undergo."

Other advance movements are detailed in the Announcement, and all who are interested in medical college work, and seek for particulars, should send for the Announcement Address the Dean of the Faculty,

GEO. C. FITZER, M. D.,

1110 Chambers Street, St. Louis, Mo.

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### **Journal Business.**

About the 15th of March we sent out postal cards to a few of our subscribers, stating how they stood on our books, and offering them the privilege of paying and having the JOURNAL continued, exacting no pay from anybody.

We want it distinctly understood that where we send this journal for a month or more longer than ordered or paid for, we do not exact pay; or if we send it for a year or more, without special orders, we do not ask anybody to pay unless they please to do so. Neither shall we think they ought to pay if they do not, for we have no business to send the JOURNAL to anybody for a longer time than ordered or paid for. Subscribing and paying for 1883 does not mean to continue for 1884; this we know, but so many of our subscribers have been with us so long that we do not like to stop short off when the order to continue does not come before January, so we have, in many cases, continued. And in these cases, where the order to renew did not come in good time, we sent out cards asking for renewals, stating the amount due, which was at their pleasure to pay or not to pay.

In a few instances, mistakes were made in transferring accounts from the books to the cards; our reminder was misconstrued and regarded as a dun, and we were severely censured. This we did not enjoy, for we did not exact anything, and for mistakes we are always ready to apologize, and more than willing to correct them. Individuals think it a small matter to take care of a large subscription list, but they are mistaken. If each man who really wants the JOURNAL continued from year to year would regularly remit the price, there would be no trouble. But if they do not do this, and we drop them, they frequently complain. If we continue, and remind them that if they want to continue there is a certain amount due, they sometimes say we dun them; that they did not order the JOURNAL longer, and don't want it continued.

We do the very best we can with the JOURNAL, and now please let us think about this matter a little. Above all, let us try to save each other all the trouble we possibly can; work in harmony for a common cause, and the results will be more satisfactory, and we be much happier for having done the right thing.

If you want the JOURNAL continued, please renew at once, and we will promptly serve you to the very best of our ability.

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#### **Important Notice.**

We want the post-office address of every graduate of the American Medical College, as we have a matter of vital importance to present to each of them.

Graduates of this school, whose names are all published in the Annual Announcement of this year, will please correspond with us at once, and we will make known the object of this notice. It is one of professional and financial interest to every graduate of the American Medical College.

Address the Dean,

DR. GEO. C. PITZER,  
1110 Chambers St., St. Louis.

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#### **Eczema.**

For eczematous sores in children and old people, Dr. Duhring recommends an ointment of five grains of iodide of lead to the drachm of vaseline.

**BOOK NOTICES.**

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**AMERICAN DRUGS AND MEDICINES**—A Quarterly, Devoted to the Historical and Scientific Discussion of Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal Plants of America; their Constituents, Products, and Sophistications.—By Profs. J. W. and C. G. Lloyd, of Cincinnati, O.

We shall await the appearance of this work with no small degree of interest. The whole medical world knows that these gentlemen are fully competent to the task before them. Price, \$1.00 a year. Address J. W. and C. G. Lloyd, Cincinnati, O.

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**A TREATISE ON SYPHILIS IN NEW-BORN CHILDREN AND INFANTS AT THE BREAST.**—By P. Diday, Lyons; translated by G. Whilley, M. D., with notes and appendix by F. R. Sturgis, M. D.

This is the October number of Wood's Library for 1883, and is one of the most interesting and instructive volumes in the set. Wood's Library of Standard Authors for 1883, at \$15, is the cheapest lot of books in the market, especially when we take into account the high standing of the authors.

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**A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS; ITS PATHOLOGY, DIAGNOSIS, AND TREATMENT.**—By Henry B. Millard, M. D., A. M. Published by Wm. Wood & Co. Fine paper; cloth; pp. 249.

We can always find more in a monograph than can be looked for in works on general practice. Men who devote time and talent to special subjects really know more about them than those whose labors are very much divided. The book before us is no exception, and for a work on this very interesting disease we can find no better.

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**RETAIL DRUGGISTS' DIARY AND WANT BOOK.**—Published by Frederick Stearnes & Co., Detroit, Mich.

This is a nice memorandum book for druggists. It is tastefully and conveniently arranged, and contains many valuable tables, price-lists, etc.

**MISCELLANEOUS PARAGRAPHS.**

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**Tongaline.**

"We take pleasure in calling attention to a few of the numerous testimonials received from reputable physicians in commendation of the new remedy for neuralgia or rheumatism—tongaline or liquor tongæ salicylatus. They represent the conscientious opinions of the subscribers, duly formed after a thorough trial.

Our readers will note that this is not a secret medicine, and its sale is urged only through the members of the profession.

We solicit a trial of this preparation by every physician, feeling confident of a favorable result."—Extract from Jan. No. of *Medical Herald*, St. Joseph, Mo.

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**Eclectic Medical Association of Arkansas.**

The fourth annual meeting of the Eclectic Medical Association of Arkansas will be held at Cabot, beginning Wednesday, May 16th, 1884. All eclectics and liberal physicians in the State are cordially invited to attend.

LEWIS E. COOK, M. D., Sec'y.

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**Gonorrhœa.**

ED. AMERICAN MEDICAL JOURNAL:—In the March number, Art. XIII., Dr. W. H. Carter says: "The question is often asked, what is the best treatment for gonorrhœa?"

The following has proved a specific in my hands. In recent cases I give internally gelsemium in full doses to control the inflammation and nervous irritability, and in cases where there is much pain in urinating I combine, with the gelsemium, kava and rhus aromatica. As an injection, my favorite is: *R.* Plumbi acetat., iij.; zinci sulph., āā grs. iij.; fluid hydrastis, ℥i.; tr. opii, ℥j.; aqua pura, ℥iv. *M. S.* Inject three times a day. This will generally stop the discharge within twenty-four or forty-eight hours. I have never met with a case that this would not stop within six days, if uncomplicated with prostatic disease, and I have treated about fifty cases in the past two years.



In the more chronic forms, I give internally the gelsemium in smaller doses than in the acute, and as an injection: *R.* Hydrastia sulph., grs. x.; zinci sulph., morphia sulph.,  $\overline{aa}$  grs. iij.; atropia sulph., gr. j.; aqua pura,  $\mathfrak{z}$ iv. *M. S.* Inject twice a day. In some cases an aiterative is indispensable; pot. iodid. berberis, aqua stillingia, act well.

Hydrastis alone is almost a specific in gonorrhœa. Combined with other astringents it will positively stop the discharge.

F. W. OWEN, M. D.

Hawkins Prairie, Tex., March 14, 1884.

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### To Physicians.

We will take pleasure in forwarding you free a sample bottle of each of our preparations, sufficient to test fully their merits. A trial only is sufficient to establish their medicinal value. Express charges prepaid on all samples. Mention this journal.

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### Dr. Fothergill's Asthma Mixture.

*R.* Tinct. lobeliæ,  $\mathfrak{z}$ v.; ammonii iodidi,  $\mathfrak{z}$ iiij.; ammonii bromide,  $\mathfrak{z}$ iiij.; syr. tolutani,  $\mathfrak{z}$ iiij. *M.* Teaspoonful every one, two, three, or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.—*Weekly Medical Review*, Oct. 13.

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### Vesication in Diphtheria.

Dr. W. F. Bartlett, of Buffalo, New York, communicates to the *Therapeutic Gazette*, for December, the results of his experience in the use of cantharidal blisters in diphtheria. His plan is to apply the blister immediately on the appearance of the exudate in the throat. The theory is that the materies morbi is eliminated through the blistered surface, while the counter-irritation thus caused relieves also the engorged pharyngeal surfaces. He regards the exudate in the throat as merely an announcement of the presence of the poison in the blood, and that from the nature of the epithelium or impinging of inspired air primarily upon those surfaces, the partial elimination of the morbid element is accomplished.

**Medals.**

The Jerome Kidder Manufacturing Co., of 820 Broadway, New York, have received the "Medal of Superiority" from the American Institute of that city, in fall of 1883, over three competitors, for their superior electro-medical apparatus. This old-established house needs no commendation for the excellences, both of design and manufacture, which render their machines a standard of quality all over the country.

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**Why is Chromic Acid such a Valuable Caustic?**

Dr. Squibb answers: "Because it is self-limiting in its action in a degree that no other destructive caustic is. It is an active oxidizing agent, and destroys the tissues to which it is applied by oxidation. In this respect it is like other caustics, as nitric acid. But every molecule of chromic acid which destroys a molecule of organic tissue is itself destroyed and rendered inert by being reduced to an insoluble oxide of chromium; and this principle and degree of self-limitation is not obtained from any other caustic.—*Detroit Lancet.*"

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**Horsford's Acid Phosphate in Nervous Headache.**

Dr. J. E. Morris, Horine Station, Mo., says: "I have made a satisfactory test of Horsford's Acid Phosphate in a pronounced case of nervous headache, and am glad to say that the result was more than was expected. I believe the cure is permanent. It is not my custom to endorse any compound that is not official, but I believe the phosphate is a thing of real merit, and that it is valuable in all cases where nerve tonics are indicated."

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**Teething—Bromide of Sodium.**

A few grains dissolved in a tumblerful of water, so that each teaspoonful may represent a half grain, will quickly quiet the nervous disturbance of teething infants, or fever not dependent upon the onset of an inflammation or other grave trouble, but rather such as many follow excitement of any kind. The dose should be repeated every ten or fifteen minutes.—*Medical Summary.*

**Corrosive Sublimate in Gonorrhœa.**

Dr. Joseph McChesney, of Deming, New Mexico, contributes to the *Therapeutic Gazette*, for December, a report of a series of seven cases of gonorrhœa, in which he employed by way of treatment only a solution of corrosive sublimate, one grain to six ounces of water. The results are already very surprising. In several of these cases this injection was resorted to after a long and unsuccessful course with the ordinary remedies in such cases, and the result was uniform success. He resorts to these injections, which he gives once every four hours, after the subsidence of the acute stage. He is very confident that, properly applied, this solution will effect a cure of the gonorrhœa within from eight to ten days after it has been resorted to.

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**Iodia.**

C. A. Bryce, editor *Southern Clinic*, Richmond, Va., says: "I have had the most gratifying experience with Iodia in syphilis. I have treated many hundreds of cases with it, and it is decidedly the best preparation I have ever used for constitutional syphilis, after the moderate use of mercury. Indeed, I generally use it in all cases of syphilis in the final treatment. If I had to select one combination of agents for the entire treatment of constitutional syphilis, after bringing the system under mercurial influence, it would be Iodia."

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**Cannabis Indica in Petit Mal.**

M. F. D. Hayman reports the successful use of tincture of cannabis indica in a case of petit mal which had resisted other remedies. He gave it in doses of m. x., increased to ʒss. The patient was a young man 26 years of age.—*Lancet*, Jan. 27, 1883.

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**Pruritus Vulvæ.**

Dr. Wm. Goodell recommends for pruritus vulvæ: R. Carbolic acid, ʒj.; morphine sulphate, gr. x.; boracic acid, ʒij.; vaseline, ʒij. M. Also, pat the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.—*Med. Herald*.

### Enlarged Tonsils.

Having frequently tried and often failed to cure enlarged tonsils by internal remedies, I at last hit upon the following surgical method of getting rid of these troublesome glands, which I have pursued successfully for the last two or three years. I take a pencil of caustic potash, whittle it down to a point, cover it with paper up to a fourth of an inch of the point, which I place upon the centre of the tonsil and keep it firmly pressed there for about three seconds. Then withdraw it and gargle the mouth with vinegar. Repeat the operation twice or thrice a week, placing the pencil always in the same depression. I have cured the largest tonsils in less than one month. Having eradicated one, proceed the same way with the other. Appropriate internal remedies may be applied during the treatment.—*Pittsburg Medical Jour.*

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### Acne.

Dr. Louis A. Duhring recommends for acne, sulphur in some form; preferably the sulphide of calcium internally, and locally the following prescription at bedtime: R. Sulphuret. potash, ʒss.; sulphate zinc, ʒss.; glycerine, ʒj.; alcohol, fl. ʒj.; water, fl. ʒj. M.

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### A New Treatment for Neuralgia.

The latest agent introduced for the relief of neuralgia is a one per cent. solution of hyperosmic acid, administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the cases had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than 200 times, whilst for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgia to medication, but if it really prove to be efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.—*Lancet.*

**Sulphate of Atropia in Coryza.**

From the *Union Med.*, we note that Dr. Gentilhomme determined to try it in coryza, because it has the property of diminishing the nasal secretion. In several very bad cases, with abundant secretion, fever, and embarrassment of respiration, engendering in some true attacks of asthma, a pill containing half a milligramme of the sulphate, given at the commencement of the inflammatory period, has arrested the coryza. In cases of confirmed coryza, the sulphate also gives relief, but its effect is less decided than when given at the commencement of the affection.

—*Med. and Surg. Rep.*

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# THE AMERICAN MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

**ART. XXII.—President T. Hodge Jones' Address before the Eclectic Medical Society, of Missouri, Feb. 27th, 1884.**

*Gentlemen and Fellow Physicians:*—This Society was organized in the year 1877,\* and in accordance with articles of agreement filed by Geo. C. Pitzer, John W. Thrailkill, Albert Merrell, P. D. Yost and J. H. McDonald, it was incorporated a body politic, with the name and style "The Eclectic Medical Society of Missouri."

In my remarks to you to-day, I shall not essay to enlighten you upon the status of Eclectic Medicine in this state; to criticize the course of other schools of medicine; nor shall it be my purpose to recount the advances made, from the crude practice of the pioneer physician to that of the modern scientific doctor of medicine. Better to spend our time considering things as they appear before us, taking advantage of the light of philosophical research, and getting hold where investigation left off, thus profiting through the experience of others.

The position occupied by the physician fits him specially for

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\*[NOTE.—It is proper to state here that, properly speaking, this society was organized at an earlier date, by Wm. M. Gates, M. D.; J. A. Munk, M. D.; O. W. Avery, M. D.; and a few others, but through some misfortune or bad management, we were disorganized, and this date, 1877, really refers to the reorganization of the old society, and Dr. Gates and others are still living live members.—EDITOR.]

certain work. "There is no profession for which one can have a heartier liking than for the medical profession." While we may roundly say, the law feeds and fattens upon the vices and passions of humanity, medicine pursues a Godlike, beneficent mission, in administering to the diseases and sufferings of mankind.

"Occasionally we may know a physician who makes lucre his chief object, acting severely towards the poor; but as a rule the doctor relinquishes his just and hardly earned gains, and in many households is an angel of help and consolation." He is admitted into near relationship with the family circles, and permitted to know many things that to him should be kept as sacred.

The influence of the physician can, and ought to be, so adapted as to benefit the community in which he lives. Every physician should feel ambitious to do as well as any other, and even improve an opportunity to step a pace in advance. The "simon pure" Eclectic mind never lingers with exploded doctrines, nor lays down an established fact to follow the uncertainty of theory. In improvement, it is noteworthy, through the history of modern medical science, that the Eclectics have not been found wanting. They have done more for direct medication and the specific use of remedies than all others; they have done as much for pleasant medicines and the hygienic care of the sick as any different class of physicians, and the swelling tide in progressive medical knowledge is heaving Eclecticism higher upon the waves each succeeding year. Eclectics are no longer the butt of the profession—sneered at for every attempt they make at respectable standing. Representatives of the old school have ceased to dub the advocates of liberal medicine "Root and Yarb" doctors. They condescend to say, when speaking or writing of us, "Eclectic," in parenthesis. Fellowship with us at all times, and teach those who oppose our school to respect, if not sanction, the claims we make. Who that is honest can refuse others the right of investigation and proof of all he may set up as truth?

Error is in every theory and mode of practice. It is our duty to look it up and cast it out. Freedom of thought and communication are rights we grant to every person; these privileges

we claim for ourselves, recognizing no rights of one over another, except in superior skill and acquired knowledge.

We invite competition, encourage exchange of ideas and comparison of results, and think as little of that self-important gentleman of the higher professional delusion who refuses to consult with an Eclectic, as he thinks of us. We are in no need of a list of rules and obligations, called "Medical Ethics," nor have we any place for "Operations" and "Theories" in practice which are not subject to change when the light of analysis discovers in them errors. To my mind the time has come when we can formulate the Eclectic professional ethics in the single word Justice. And in one word the object of Eclectic medical research we may read—Truth. With such a principle and deontological measure, our medical colleges have kept abreast of the demand for a higher grade of medical education, and in compliance with the suggestion of the Illinois State Board of Health have required preliminary examinations before admitting applicants into their classes.

The A<sup>l</sup>lopathic colleges have generally paid little or no attention to the requests made by the State Boards, thus ignoring the first step really intended and calculated to elevate the intellectual standard of doctors of medicine. Statutory laws designed to improve the moral and scientific qualifications of medical students, and physicians in general, will meet hearty supporters and earnest advocates throughout the Eclectic fraternity. But laws intended to foster any particular school or class should receive no encouragement from us.

Here, again, let us formulate in one word all we ask at the hands of the law makers, and read, Fairness.

On these principles we are willing to go forth, and combat whatever opposition may resist us, in the full hope of ultimate victory.

Whoever takes the pains and will compare medical literature of thirty years ago, and that of recent standard authors, cannot fail to note a marked improvement in all the branches of the profession.

We cannot claim for ourselves, directly nor indirectly, all the credit of this improvement. But we can say, truthfully, this



much: A goodly majority of the advances have been towards liberal medicine, and many of the pronounced successes in the old school are simply the adoption of Eclectic practice. In such a work no credit (of course) is given to Eclecticism.

The fact of our authors antedating all others in the Eclectic treatment will sooner or later become known and acknowledged by all. No fears need be entertained for Eclectic authors. They are too much read to be entirely hidden behind small clouds of arrogance, stirred up by those claiming to be in advance, who are really behind.

In our statutes we find laws claiming our attention, not directed wholly to the practice of medicine, but to the sale of it as well. Touching these laws and their effects, a few questions have appeared to me of sufficient importance that I may mention them here.

The first relates to the drug business, or not so much the business as the manner in which it is conducted.

We have a statute defining the qualifications of a druggist, his duties, and the penalty for failure in them. [See Act 1881, which should distinctly prohibit the prescribing of medicines by the druggist.]

To prescribe, according to Webster, is, "To direct as a remedy to be used by or for a patient." Our law is inadequate for the protection of physicians. The discussion of such a question involves also the patent medicine problem. Labels on such drugs have printed symptoms and directions for use, with the amount of each dose, thus enabling the druggist to prescribe with ease and on the authority of the physician holding the patent. This same law, as amended in the Acts 1883, requires the druggist to file the prescriptions of physicians filled by him. This is often the means by which patients voluntarily get a subsequent supply of the same remedy, previously ordered by a physician. The druggist thus receives one or more profits from the patient, while the physician has only one opportunity. Deeming this a matter of sufficient importance, it is recommended that you appoint a suitable committee, with instructions to investigate the law, and report to the association during this session what changes are needed to best subserve the interests of the physician and his patient.

Our statutes bear upon another subject of interest to the medical profession. See Sec. 5,438, Chap. 98, which licenses the sale of intoxicants.

Have we as physicians any right to arraign the lawful sale and use of intoxicating drinks? This is my second question. The clergy all over the land are taking hold of the moral side of alcoholic beverages; and while they have abundant reason for all they allege against such drinks in a religious and moral sense, we as physiologists can see a more horrid picture while viewing carefully the psychical results of too much alcohol. Standing, as we are, like the sentinel on guard, between the great army and an enemy, it is our duty to warn the people of his coming and his power. I need not argue with you its baneful effects upon the human system, nor the limited need we have for alcohol as a remedy. Yet my duty would be poorly performed if your attention was not directed to the too frequent use made of the high wines in prescribing for the sick. Many physicians mix most of their medicines with whisky. The medical profession have been accused of thus creating in their patients an appetite for strong drinks. Eclectics are already improving their practice in this respect, and prescribe the concentrated tinctures with some innocent diluent and menstruum, thus avoiding the use of spirituous liquors as a vehicle for their drugs. Here is still room for reform, and the question of the entire rejection of alcohol as a therapeutic agent might arise. We are told by those high in authority that many of the worst forms of nervous disorder grow out of the use of ardent spirits. Also that other diseases are aggravated by the habit of using strong drinks, and that the mind of him or her who uses to excess such beverages is weakened or destroyed; that the children of such persons are subjected to many liabilities, such as a desire for strong drinks, weakness of sight, deformity of body, and idiocy.

While it may not be the province of a medical society to treat upon the subject of the traffic in alcoholic liquors, it is our privilege and our duty to inquire into the causes of disease and insanity. And since all agree that no one cause other than this is productive of the amount of suffering that it brings, I feel to

say we are more than privileged, we are required to take cognizance of it. Who, if we are not the proper persons to discuss this question, is to consider its bearing on the sanity of our race and mankind?

Once it was phlebotomy and hydrargyrum, then vesication and tartar-emetic—the use of which received our attention and abnegation. Now let us pay our respects to this another evil, indulged and harmfully employed in treating the sick. We need not fear the result. Never did a better opportunity offer to a sect or class of persons, for bringing well-merited honor upon themselves, than the Eclectics have in this chance to deal health's worst enemy a stunning blow. On this subject I invite discussion, and advise this association to give expression to its views relating to the uses made of alcohol as a remedy, and the duty of the profession in the premises.

With the few suggestions I have thus made, hoping you may feel the importance of early, earnest action, and in confidence that you will do your full duty concerning the subjects indicated, the matter is left with you for your mature consideration. Allow me to thank the State Eclectic Medical Society for the unmerited honor it has bestowed upon me in electing me its president, and to congratulate the members thereof in the honorable position to which Eclecticism has attained in Missouri, shown in the laws enacted by our legislature, and the appointment by the Governor, to a position on the State Board of Health, of two of our best representative men. Humbly thanking you for your kindness in the attention given me during this discourse, I willingly yield to your further wishes.

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**ART. XXIII. — Differential Diagnosis of Ovarian Tumors.—By**  
A. J. SMITH, M. D., INDIANAPOLIS, IND.

It requires a greater amount of skill to properly diagnose ovarian tumors than would at first be supposed.

Fæcal accumulations in the cæcum have been mistaken for tumors of the right ovary, or such accumulations in the left side in the descending colon. The diagnosis may be properly made by a digital examination *per vaginam*, the fæcal tumor imparting a characteristic doughy sensation to the touch.

There are times when *fibro-muscular tumors of the uterus* are liable to be mistaken for an ovarian tumor. But such mistakes may be avoided by observing that in case of the former there is commonly uterine hemorrhage and leucorrhœa; the uterine sound will enter further than in the normal state; and the tumor, which is often multiple, is usually hard; a vaginal examination discovers an irregular outline. When the uterus is moved by the sound the tumor moves with it. On the other hand, in case of ovarian tumor there is no hemorrhage nor leucorrhœa; the uterine sound enters the normal distance and no further; the tumor, which is usually solitary, often fluctuates and is smooth, not lying continuous with the uterus; and, finally, the uterus can be moved without the tumor being moved with it.

It should be noted, with regard to the last diagnostic sign, that it is the *uterus* and not the *tumor* which is movable; for the upper part of a *fibroid* may be movable, while its base is so tightly wedged in the superior strait of the pelvis that no motion can be communicated to the mass through the sound.

*Ascites* is sometimes mistaken for ovarian dropsy, but the distinction can be made by care in examining the case. The character of the tumefaction, which in abdominal dropsy is uniform, is not so in ovarian disease, and is localized at first near one or the other iliac fossa; by the flattening of the abdomen in the recumbent posture, owing to the ascitic fluid gravitating to the side of the peritoneal cavity; by the change in the line of dullness, upon variation in the patient's position; by the resonance anteriorly when the patient lies on her back, owing to the intestines floating upwards; by the prominence of the recto-vesical pouch, in which fluctuation can be detected by the finger introduced into the vagina; by the presence of a distinct wave when the patient rolls in bed; and by the co-existence of signs of disease of the heart, liver or kidneys, the skin being often harsh and having a jaundiced appearance, and *œdema* of the feet.

In dropsy from ovarian disease, on the other hand, the local character of the disease, it is found that, owing to the fact of the fluid being contained in a tense cyst, there is no flattening of the abdomen, nor anterior resonance in the supine posture, little or no variation in the line of dullness; no prominence of the Doug-

las' cul-de-sac; no abdominal wave when the patient rolls from side to side, and no evidence of disease of other viscera. Lastly, in case of doubt, the diagnosis may be made by examining the fluid withdrawn by tapping, which, if the disease be ovarian, will show altered blood-cells, epithelial scales, masses of granular matter, oil globules, and crystals of cholestearine.

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**ART. XXIV.—Eclecticism in West Virginia.—**By F. GIBSON,  
M. D.

The progress of Eclecticism in Lewis County, West Va., for the past ten years has been great, and is still encouraging. Nine years ago we concluded to study medicine. There were very few who advised us to attend an Eclectic college. Allopathy was the cry on all sides. But we went to an Eclectic college, and have been truly glad ever since that we did so, though the way looked dark for the Eclectic physician in this county then, we are frank to acknowledge. The right will always conquer in everything, and to-day the Eclectics are about even with the old school, and they surely deserve to lead them, and the day is not far distant when such will be the case. Of course, we find old fogies every place, and we have them among us here, but they are growing scarce.

In the town of Weston, county seat of Lewis County, there are some six or eight physicians, and all claiming to sail under an Allopathic banner, merely because that school is a little more aristocratic. Shame unto the man who is an Eclectic in principle, and still hangs out the sign of Allopathy at his office. We know whereof we speak. In Weston, ten years ago, there were three drug stores. You go there, enquire for any Eclectic remedy, even the most common, and the druggist informed you he did not keep them; and when we told them they were valuable remedies of the Eclectic school, they made sport of them, and said a first-class drug store kept no such remedies. We had them to order what we needed, and you may go there to-day and there is hardly an Eclectic remedy but what is on their shelves, in the front, plain to be seen; they even keep Lloyd's specifics. And you may consult with one of the bright lights of the old regulars, meet them at the bed-side of a sufferer, and in nine cases out of

ten a straightforward Eclectic treatment is prescribed. If these were not facts which came under our own special observation we would not speak of them, but having consulted with nearly all the physicians of that place, we know they are Eclectics, yet still claiming they are true patriots of the old school. There are now just about an equal number of physicians of both schools in this county; whereas ten years ago we did not know of but one who had the backbone to come out and say he was an Eclectic, and to-day he has the largest practice of any doctor in the county, and we are proud to say that an Eclectic is taking the lead. It is useless to say his name is Dr. P. C. Musser. Allopathy is on the wane here. The people have tried them, and where they did have somewhat of a success their patient is still an invalid, the result of their harsh remedies. Nothing of this kind is often observed from Eclectic treatment.

Your JOURNAL, Dr. Pitzer, is a welcome monthly visitor, and we would advise all Eclectics to subscribe for it. Long may it wave!

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**ART. XXV.—Tincture of Gelsemium Hypodermically in Convulsions.—By PROF. E. YOUNKIN, M. D.**

Some time since I reported in the Massachusetts *E. M. Journal* a case of convulsions in a child of eighteen months of age, who had fallen twenty feet, striking the head upon a brick pavement. The child was picked up limp and unconscious; for twelve hours it lay in continuous spasm, with insensibility, jerking of the facial muscles, arms and fingers. Eight drops of the green root tincture of gelsemium was then administered hypodermically into the thigh. In fifteen minutes all spasm ceased, and the child rested quietly for six hours. At the expiration of this time the convulsions again returned and continued without abatement for three hours, at which time I arrived and repeated the injection as before.

In a few minutes the spasms again ceased and the child rested quietly. After the second injection there was no further trouble in administering medicine per orem, and recovery was finally complete.

The action of gelsemium upon the nervous system is marked.

In large doses it produces giddiness, dilated pupil, and sometimes a peculiar swimming of the head. It is a powerful relaxant to the muscular system, and it diminishes rapidly the circulation; for this last property it is highly esteemed in hyperæmia of organs, especially of the brain and uterus. It is a valuable arterial sedative, controlling the circulation by its influence upon the vaso-motor nerves. In convulsions due to excess of blood in the medulla oblongata or pons varolii, or in congested states of the uterus, the hypodermic use of gelsemium has proved highly satisfactory.

I do not hesitate to administer large doses in such cases. From half to one drachm of the green root tincture in adult cases—doses sufficiently large to produce complete muscular relaxation. I have never had any bad results following, no abscess, not even redness at the point of insertion.

I am pleased to know that we have an agent that can be used hypodermically with such comparative safety, so potent in its action, and an agent that will bring the answer so surely.

Mr. W., aged 23 years, had been under the treatment of a certain physician for "nervousness." He could not sleep at night; was troubled "with horrible dreams"—was afraid he could not support his wife and child. He complained of a constant headache.

On the morning of April 2d he went to his stable and hung himself with a rope around his neck made fast to a rafter. Before life was extinct he was discovered and cut down. There was returning respiration, but for an hour he was pulseless; finally, there was a perceptible pulse and spasms appeared. Doctors Albin, Rowe, and I were called. Hot applications were placed over the heart and at the extremities. The spasms grew stronger. The solution of the question was that the rope around the neck had produced compression of the jugular veins preventing the return of blood to the heart whilst the arterial blood had crowded upon the brain. I suggested a hypodermic injection of tincture of gelsemium. Dr. A. (Allopathic) said he had had no experience with the drug. The gelsemium was administered hypodermically (3ss), and in twenty minutes the patient was sleeping quietly. So marked were the effects of

gelsemium in this case that the evidences left no doubt as to its action.

Mrs. C., aged 35 years, married, youngest child nine months of age. She was a patient of Professor A. Merrell, and from him we obtained the following history: Had frequently complained of pain at the base of the brain, was occasionally attacked with pain causing alarm, difficulty of breathing, jerking of the muscles, dilated pupils.

On April the 5th the above symptoms became so intensified as to cause great anxiety. I was called to consult in the case. I learned that about three hours previous the lady was taken with pain in the back of the head, attended with pallor. She finally became insensible, pulse quick, beating of the carotids, pupils dilated, face greatly flushed and puffed, respiration hurried, and a convulsive movement of the muscles of the neck and arms.

We administered hypodermically, at one dose, the following: R. Morph. sulph., gr.  $\frac{1}{4}$ ; tinct. gelsemium, aqua pura,  $\overline{\text{aa}}$  3ss. In twenty minutes our patient was sleeping quietly.

The use of gelsemium in such cases is not new, but I know of no other who has used it hypodermically before me, and the remedy acting with such promptitude, I pen these lines to add another evidence to its therapeutic value.

Indeed, in my hands, gelsemium admits of a wide range of application. Some of these indications may be inferred from the following formulæ: In painful neuralgic affections I have used the following: R. Tablet atropia sulph., gr.  $\frac{1}{6}$ ; tinct. gelsemium (green root), gtt. xxx. Mix and inject subcutaneously—to adult at one dose.

In hemorrhage from the lungs or uterus, tinct. gelsemium, gtt. xxx; liquor ergot. pur., gtt. x.

When administered per orem it may be advantageously combined with veratrum, castanea, bromide potash, in whooping cough; with scutellaria, morphia, belladonna, bromides, in nervous, painful and spasmodic attacks; with viburnum, ergot, cinnamon, hamamelis, in hemorrhages of the lungs, bowels or uterus.

I shall give this agent a trial hypodermically in my first case of tetanus, or sun-stroke.



**ART. XXVI.—Scarlatina.**—By W. STEINRAUF, M. D.

In the last No. of the JOURNAL I notice an article on the above named subject by Dr. Adcock. At the conclusion of the same, being a little chagrined over the statement of a "Solomon" in his camp, that the cases that recovered and the ones that died, never had had scarlet fever, he timidly asks the editor whether or no he would diagnose scarlatina by the symptoms given. As a matter of course the editor says, and with emphasis too, that the patients had had scarlet fever, that the treatment was good in the cases that recovered and also in the cases that died.

Now, if Dr. Adcock will not get angry, and Prof. Pitzer will not object, I will venture on an opinion as regards the treatment of the cases.

Whilst I do not think that the medicines killed or cured the patients, I honestly believe the treatment bad—at least part of it. He has omitted some of the best means in combatting the disease. Tonics, diuretics and agents of that class, as a rule, do more damage than good.

We have treated scarlatina this winter, and successfully too, this way:

In a child, say three or four years old, we would take: Tr. aconit. rad., gtt., ij.; tr. belledonna, gtt., iij.; aquæ,  $\mathfrak{z}$  iv. M. S. One teaspoonful every hour. A warm bath morning and evening. After each ablution a thorough inunction all over with adipis,  $\mathfrak{z}$  iʒ; quiniæ sulph.,  $\mathfrak{z}$  j. M.

Boiled milk, soups and such slops as are easily digested, were given every four hours day and night. To move the bowels, no calomel, if you please, but enemas of ice cold soap suds. To allay the restlessness, no brom. pot., but, if necessary, spongings with warm water slowly applied under the cover. This would lull the patient to sleep. If, after a few days, the urine would grow scant, the eye-lids puff, no heroic diuretics, thank you, but small doses of apocynum cannabinum. Spts. ætheris nitrosi, pot. chlor., are very harmful here. Nephritis is the cause, in nine cases out of every ten, in scarlatina, where the last named drug has been vigorously used during the disease. For the throat trouble, vinegar and water, equal parts, externally, and tr. phytolacca internally, were all that was necessary. Now you

may call the treatment homœopathic, you may not feel like risking such dangerous disease to so little medication, but homœopathy or any other pathy, the treatment was all that could be asked for. The little patients took the remedies kindly.

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**ART. XXVII.—Otalgia.**—By O. A. PALMER, M. D., GENEVA, O.

Otalgia is a symptom that is quite often seen in practice, especially among children. Earache is generally a premonitory symptom of some aural trouble, and as soon as anything definite can be recognized, so that a diagnosis can be made, the proper treatment should be used. Some authors believe this affection to be a simple neuralgia of the ear, which may be idiopathic or reflex. Under the head of Otalgia I think it will be proper to include all pains in the ear that come on suddenly and are not accompanied by the general symptoms of aural disease. This disease is characterized by a rapid outset of pain, which increases in severity for a time and then suddenly ceases. It is usually irregular and darting, with slight deafness, and often a little tinnitus. A severe earache may be caused by a diseased tooth. I well remember a bad case in which the pain was excruciating and extended down the neck. The whole side of the head and neck was tender. A few points just under the ear and along the cervical nerves were *very* tender, and if irritated or pressed upon, a paroxysm of pain would immediately come on. There was a ringing and beating in the ear, which was worse during the severe pain. The tooth was very sore and at times ached, but never caused any great pain. It was extracted, as treatment of it was of no avail. Immediately after the removal the constitutional and ear symptoms began to subside, and in ten days the patient expressed herself as feeling as well as ever.

It is not always an easy thing to diagnose a true otalgia from other painful conditions of the ear. In the forming stages of acute inflammation of the middle ear, there is quite extensive pain. The history of the case shows generally that there has been exposure and slight pain for a day or two before the severe pain begins.

The pain is continuous, increases in severity, and usually ex-

tends over the side of the head. The throat becomes involved and pain darts along the Eustachian tube while swallowing. There is congestion of the membrana tympani, and inflation gives some, if not permanent relief.

The pain is dull, and not constant, with numb sensations, in chronic inflammation of the middle ear, when the drum head is not perforated.

Where the cartilaginous portion of the auditorial canal is inflamed, there will be a constant, dull and throbbing pain, which is usually worse at night. If we look into the canal we will detect the inflammatory condition. Any motion of the auricle in introducing the speculum, or otherwise, will be painful.

An inflammation of the osseous portion of the canal is characterized by a boring and aching pain in the canal, with some redness of its walls.

The suffering is worse if pressure is made in front of the tragus.

If the mastoid process becomes involved, there will be constitutional symptoms—an aching and tensive pain, with more or less redness or swelling over the part.

It is well to think back along the nerves that supply the ear, because many of these cases are reflex. Slight abnormal changes in or along the nerve trunk will cause pain in the part that it supplies.

The treatment in most cases is satisfactory. Now and then we see a case that is very perplexing. Some of us remember the bottle of "sweet oil and laudanum;" the "tobacco smoke;" the "hot salt bag," and that "hot onion" (don't you forget it was hot). These good old remedies often gave relief, and some of them can still be used with the more rational treatment. After removing the cause, inflate the ear, using Politzer's method, and renew it occasionally. If it is a child, see that the gums or throat are not diseased, and remove at once any sore or carious teeth, whatever the age of the patient. If the membrana tympani is not perforated, a solution of the tinct. of aconite to use locally with the syringe will be one of the best if not *the* best remedy we can employ, as it is one of the finest local anaesthetics. We should make the strength of the solution according to the indication of our case. Hot water could be used with a syringe, as

warm as the patient can endure, every hour or two, and if this, with the proper general treatment, did not check the suffering, then tinct. aconite, ʒj, put into ʒiij of hot water, can be used, or a stronger solution if necessary.

If the sulphate of atropia is used, it should be used in this class of cases, that is, where we are certain that the membrana tympani is sound. Two to four drops of a solution made by putting one gr. of the sulphate of atropia into ʒj of hot water can be instilled into the ear every two or three hours. On account of the danger attending the use of this remedy it should be used very carefully.

If there is a perforation, hop tea will be the best local application to the canal, and if there is much pain a little morphia could be put into it. Morphine should be employed very cautiously among children and old people. The hop tea should be used as warm as possible. After syringing with these solutions have the ear kept warm with dry heat. With the local treatment, proper internal medication should be employed.

Aconite is indicated where there has been exposure and a cold contracted; in most cases that have fever, and in the sore throat that results from any acute condition of the parts. Belladonna should be given where there is cerebral congestion, a sharp, stitching pain in the ears, and the tinnitus is quite loud.

Gelsemium should be thought of in determination of blood to the head, the pupils contracted, face flush, and the patient is restless. In a malarial region cinchona will be the remedy where there is moderate pain and a ringing and fulness in the ear.

Arsenic is beneficial where there is neuralgia about the face, the pains violent and paroxysmal, followed by exhaustion.

If there is muscular stiffness and soreness about the neck or ears, and the suffering is increased by motion, bryonia will be the remedy.

Bromide of sodium will give satisfaction in mild earaches of fretful children.

The dose should be one-half to one grain every twenty or thirty minutes until relief is given.

We should not forget the general measures that will be of service.

We should be careful and detect any abnormal conditions that may exist in the digestive organs or nervous system, and see that they are corrected as soon as possible. The skin and kidneys should be in good working condition. The temperature of the room occupied by these patients should not vary but little, either day or night. If the pain comes on at night, a hot foot bath before going to bed is often beneficial.

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**ART. XXVIII.—Direct Medication.**—By GEO. C. PITZER, M. D.

[CONTINUED FROM APRIL JOURNAL, 1884, PAGE 159.]

*Digitalis*.—This is known by the common name of Fox Glove. The leaves of the plant are used in medicine, and we usually employ the officinal tincture U. S. P., and prefer it to any other preparation of this drug. However, in some cases, where we desire immediate results, we prefer the infusion of digitalis. The officinal tincture is prepared as follows: *R.* Digitalis leaves (as recently dried as can be had), 3jv; dilute alcohol, Oij. Macerate for fourteen days, express and filter through paper. This makes a fine tincture, and is strong enough for all purposes. Dose, ten to fifteen drops every six hours.

The infusion is prepared in this manner: *R.* Digitalis (recently dried leaves), 3j; boiling water, enough to make, when finished, infusion Oss; tincture of cinnamon, f. 3j. Macerate the digitalis with the water for two hours in a covered vessel, and strain; then add the tincture of cinnamon. Dose, one to two drachms every six hours.

Many attempts have been made to satisfactorily explain or account for the good results from digitalis in different cases of disease, but nobody has given us more satisfaction regarding the physiological action of this drug than Fothergill. It is regarded as a powerful sedative, diuretic, and in large doses excites nausea, and sometimes vomiting and diarrhœa. And then tonic and stimulant properties have been ascribed to it.

In our observations we have found that the indications for digitalis, no matter what the name of the disease, are a frequent, feeble pulse, easily compressed; general debility of the whole system; the patient has a dull look and feels depressed; the skin frequently imparts a doughy feeling to the touch, and looks

death-like. Accompanying these signs there is sometimes œdema of the face, extremities, and not infrequently more or less general dropsy. We often observe these signs during the tedious convalescence of patients from acute forms of disease. We call this debility *weakness*, and the dropsy *bloating*.

J. Milner Fothergill, M. D., in the *Glasgow Medical Journal*, records some important hints in the use of digitalis. They accord with our own experience, and we here refer to them. He says the indication for digitalis is always present when it is desirable to fill the arteries and empty the veins. Regarding its diuretic action he says this: "Whenever the bulk of urine rises, then I know digitalis is doing good. The bulk of urine is the index of arterial fullness. When the arteries are filled by the action of digitalis the bulk of urine is increased. The rise in the bulk of urine tells in the most unmistakable manner that the action of the drug is filling the arteries. In dropsy, when the bulk of urine is low, and the specific gravity is high, then digitalis is pre-eminently useful. When albuminuria is present from venous engorgement in heart failure, digitalis will often be followed by its disappearance. As the arteries are filled the veins are depleted; the albumen, which tells of venous congestion, disappears as this state of the veins is relieved; as the arteries are filled the bulk of urine rises.

"The great matter for the practitioner to remember about digitalis is that it increases the energy of the ventricular contractions, and that the clinical indication for its administration is an empty artery. Remember, digitalis fills the arteries and empties the veins. In cerebral anemia, digitalis may often be prescribed with advantage where it is desirable to raise the blood-pressure within the arteries."

This is Fothergill, and we are sure he is correct, for we had verified the truth of every one of his statements long before he had recorded them. During the summer of 1864 we had an epidemic of scarlet fever in the neighborhood where we practiced (Pike Co., Ill.), and quite a number of the cases were followed by dropsy, which proved to be one of the most troublesome elements or features of the complaint. Among others, our own little girls, four and seven years of age respectively, were attacked. The

eldest had scarlatina anginosa, followed by general dropsy. She had all the symptoms above detailed in the indications for digitalis—frequent, feeble, soft pulse; general debility; doughy appearance and feeling of the skin and flesh; scanty flow of urine; œdema of face and extremities at first, and, finally, general dropsy. There was evidently a fullness of the veins, while the pulse plainly showed a lack of blood-pressure on the arterial side of the circulation. In this dropsical condition we resorted to many of the reputed measures recommended by the authorities, without any benefit. We finally called counsel, changed the treatment from time to time, but all without any benefit—no change in the symptoms for the better. We had made up our minds to give up the case, but my wife's mother, Mrs. Murphy, suggested digitalis to us, stating that she knew of a child in Lynchburg, Ohio, that had been very sick with dropsy, and that Dr. John Quinn had cured it with digitalis. With but little confidence we prepared an infusion of the leaves, as follows: *R.* Digitalis leaves, ʒj.; wild cherry bark (green), ʒj.; juniper berries (bruised), ʒj. *M.* Make a half pint of infusion by adding boiling water, and keeping hot, nearly to the boiling point, for one hour, then strain, and sweeten with loaf sugar, and when cool add half a gill of best Holland gin. Of this we administered one full teaspoonful every six hours. Remember, when we commenced this remedy the patient had been sick for many days. The face was dropsical to distortion, the eyes entirely closed, feet and legs enormously distended with water, and but a few ounces of urine voided daily. The pulse were exceeding feeble, patient in profound stupor—in fact, the child was almost dead. But now observe the results. After the second dose of this prescription, and no other medicines were allowed, we discovered a change for the better. The pulse were a little stronger and less frequent. The same treatment was continued, and in two days' time the change for the better was very marked. There was more life manifested, the pulse grew stronger, the urine flowed more freely, the œdema left the face and the eyes opened, the appetite returned, and without further trouble or additional means this patient made a rapid and permanent recovery.

Now, this was no small case of a few days standing—not at

all. For days and weeks we tried to overcome the disease upon which this dropsy depended, and many times during the progress of the case it seemed as though dissolution was inevitable. The wrong was in the circulation, and as soon as we applied the proper and direct remedy relief at once came. It is useless to ask if we have confidence in the therapeutic effects of drugs. We are certain about their direct healing influence, when rightly applied. It is even wonderful what can be done with very simple means, if we only apply the right thing.

In the fall of 1865, a young lady of our acquaintance went from Illinois to Ohio on a visit. While in Ohio she was taken sick. The friends wrote her mother, who lived in our village, that the daughter had been very sick, that she was recovering very slowly, if improving at all, and that the attending physician had expressed some doubts about her final restoration to health. She was reported to be very pale and weak, and that she was dropsical — face, feet and body wonderfully œdematous, or bloated, as they called it. She had been in about the same condition for two or three weeks. The mother, knowing of our success in the treatment of our daughter the year previous, came to us for a prescription for her daughter. We told her that we could not prescribe for her daughter at so great a distance, and that it would be guess-work to send a prescription to her. But she persisted, and we gave her the formula for the compound infusion of digitalis—juniper berries, wild cherry and gin, and she sent it out by the first mail. In about two weeks she called at our house with a letter from her daughter, in which she made substantially the following statement:

“DEAR MOTHER:—I received your kind letter and the prescription of Dr. Pitzer, and we had the medicine prepared at once. I took one tablespoonful three times a day, and am taking it yet. I began to improve immediately under its influence, and am now able to be up and about the house, and am almost free from all dropsical symptoms.”

In about one month this young lady returned to her home, and upon a careful investigation we found that every indication for the use of digitalis had been present in her case, and that relief



was positive and lasting. This lady kept that original prescription as long as she lived (she died of intestinal carcinoma two years ago), and had given copies of it to quite a number of people, who were greatly benefitted by it.

But these are not the only cases we could report; we detail these because they were observed so long ago. Scores of patients similar to these have fallen into our hands since, and we always find digitalis the reliable remedy. Whenever and wherever we find the pulse feeble, soft, the artery apparently half empty, no matter what the original disease, fever or no fever, we prescribe digitalis. And ordinarily we prescribe the official tincture, ten drops three times a day. We used to think that the juniper berries, wild cherry, etc., used in connection with digitalis, had something to do in bringing about the favorable results in the cases reported, and so they might have had; and we still think that stimulants and tonics may be used to great advantage in some cases in connection or alternated with digitalis; but, after many years' experience and careful observation, we are certain that the most important indications in such cases are met by digitalis alone, and that the recoveries are mainly due to the one remedy, digitalis.

We have no confidence in the reputed *cumulative* properties of digitalis, and have never seen any bad results from its judicious employment. When clearly indicated it is one of the most certain drugs in action in the whole materia medica. It is not necessary to repeat the dose often, for its effects are lasting.

[TO BE CONTINUED.]

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## ABSTRACTS.

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### Tongaline.

"We believe that we are conferring a favor upon subscribers in directing their attention to *Tongaline* or *Liquor Tonga Salicylatus*.

It is a combination of the Figian tonga, with some of the more powerful salicylates, and as a remedy for neuralgia and rheuma-

tism has become a *general necessity* with those who have given it a trial, among whom are many eminent in the profession.

Our own experience leads us to heartily recommend it, and our readers will note that it is not a secret medicine, and its sale is urged only through prescriptions of members of the profession.”  
—Extract from the April number, 1884, *Massachusetts Eclectic Medical Journal*.

**A Successful Case of Total Extirpation of the Uterus through the Vagina.**—By AUGUSTUS C. BERNAYS, A. M., M. D., Heidelberg, M. R. C. S. Eng.

[This operation was performed on Dec. 12th, 1883, and on the twenty-eighth day after the operation the patient left her bed, gradually improved, and left the hospital March 13th, 1884, entirely recovered. For the details of the operation see April number *St. Louis Medical and Surgical Journal*, from which we have gleaned these facts, Dr. Bernays kindly furnishing the electro-plates for the following illustrations, accompanied by his own notes.—EDITOR.]

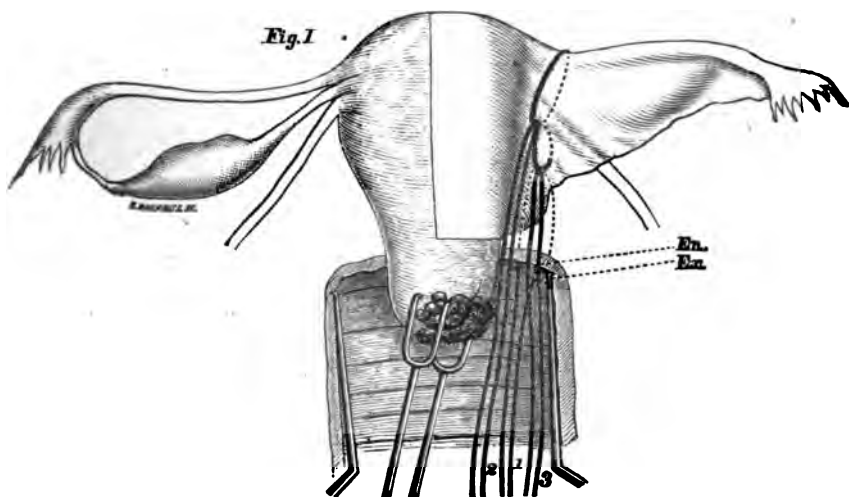


Fig. 1 shows the epithelioma at the os; the vagina dilated, the womb pulled down by a vulsellum. The three ligatures are

numbered in the order of their application. En, is the point of entrance of my *prophylactic ligature*; Ex, its point of exit. The dotted line shows the amount of tissue which it encompasses. The other ligatures are represented loosely drawn together in the diagram.

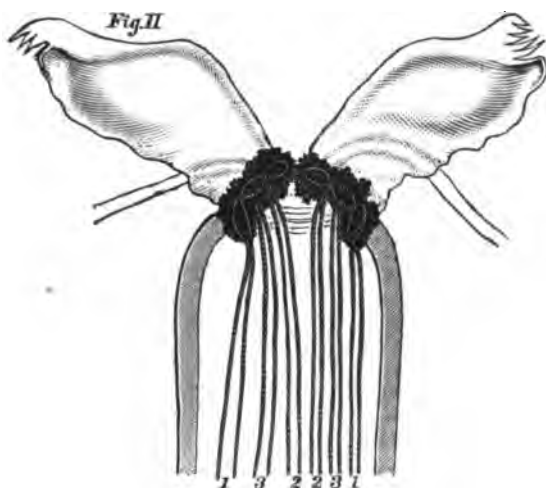
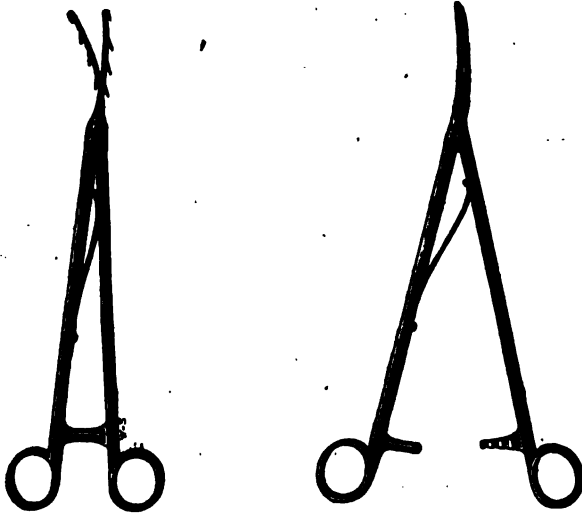


Fig. 2 shows the vault of the vagina partly closed by the stumps of the parametria or the broad ligaments. The three ligatures are all well tied, and the ends hang down into the vagina. The Fallopian tubes and the broad ligaments are seen to come together and partly fill up the space which was left by the removal of the uterus. It becomes apparent that the small opening left in the peritoneal cavity, between the ligated parametria, will be obturated by a kind of valvular closure between anterior and posterior flaps of the vaginal fornix, and this kept *in situ* by the involuntary abdominal press.

Since the above operation, I have constructed an instrument for the purpose of drawing down the womb, which differs from others by being so constructed that it holds the womb firmly from within its cavity or canal.

At the same time it can be used to draw the entire womb to either side, so as to make the opposite parametrium tense and easily accessible for the application of my prophylactic ligatures.

The instrument is also made with a view to allow of firm traction where the tissues of the womb are very friable.



The above drawing represents the instrument one quarter natural size. The four teeth on each blade are bent upon the flat, and are somewhat roughened on their concave side. The instrument is of very simple construction, being made of only two pieces connected by a joint screw. It is easily kept clean, and I predict that a single experience in its use will convince any operator of its many advantages.

I am indebted to Mr. Andrew Leslie, of the firm of A. M. Leslie & Co., surgical instrument makers, No. 204 North Fifth Street, of this city, for his kind assistance in the execution of my ideas, and it gives me pleasure to express my thanks in this place.—AUGUSTUS C. BERNAYS, M. D.

#### **American Pulsatilla.**

*Medical Properties.*—The European pulsatillas have been used in medicine from very early times. Galen, Dioscorides, and others have written about the different species of anemone, but it seems to have been reserved for Baron Störck to have re-

vived the application of *pulsatilla*. It is not our intention to review the entire history of the foreign plant, and we therefore refer the reader, if interested, to works which treat directly of those subjects. Griffith announced (1847) that the properties of our native variety of *anemone patens* would prove to be similar to those of *anemone pulsatilla*; and this statement was supported (or accepted) by Clapp (1850). Professor John King, in his *Dispensatory* (1852), states that it has been recommended in "amaurosis and other diseases of the eye, secondary syphilis, cutaneous diseases, and whooping cough. When applied to the head, it is said to be a speedy cure for *tinea capitis*. In the recent state, the leaves bruised and applied to the skin are rubefacient. In large doses, this article produces nausea, vomiting, looseness of the bowels, and bloody urine." Dr. W. H. Miller found it beneficial in certain eye diseases, and in ear-ache; but these names are indefinite expressions, and diseases such as "incipient blindness" may arise from different causes, so that, using the words of a prominent specialist, "to resort to any remedy for the relief of so important a symptom, without thoroughly investigating its cause, appears to me irrational." However, as the testimony is that under certain conditions it is a good remedy, the plant is worthy of a more detailed investigation in this direction. Dr. Miller also considers it a good pile remedy, writing us, "I have cured very bad cases in a comparatively short time;" and in this connection it might be well to note that the only ascribed value of the nearly related *thalictrum anemonoides* (see p. 21), is that of a pile remedy. In the Regular section of medicine, however, there have been no investigations other than by Dr. Miller. In the Eclectic branch of the medical profession, Prof. J. M. Scudder has long been an active worker in favor of *pulsatilla*. He has stated, in his work "Specific Medication," the conditions in which he values this drug, and defined them more clearly than we have found elsewhere; and with his consent we reproduce, in part, as follows: "The principal use of *pulsatilla* is to relieve certain cerebral symptoms with difficulty relieved by other remedies. In some diseases of women, in spermatorrhœa and prostatorrhœa, in heart disease, and some chronic affections, we find certain *head* symptoms playing an

important part, and giving a good deal of trouble. The patient is nervous, restless, has an active imagination for disease, a fear of impending danger, etc. These symptoms are very unpleasant, and not unfrequently prevent the curative action of remedies. Pulsatilla reaches them, and gives prompt and certain relief.

"I would not treat some cases of spermatorrhœa without I could employ this remedy; for with the unnatural excitement of the mind, no remedy would exert a curative influence. So in some cases of heart disease, the head symptoms are the most prominent and unpleasant features. Relieve the unpleasant mental sensations and dread of danger, and we have removed a permanent cause of excitement.

"Though pulsatilla is the remedy for nervousness, it must not be given with any expectation of benefit where the excitement depends upon irritation and determination of blood. In this case it will either exert no influence, or it will be unfavorable. The pulsatilla exerts a marked influence upon the reproductive organs of both male and female. I regard it as decidedly the best emmenagogue when the suppression is not the result of, or attended by, irritation and determination of blood; where there is simple suppression from atony or nervous shock, it may be used with confidence. In male or female it lessens sexual excitement. It does not diminish sexual power, but rather strengthens it by lessening morbid excitement."

*Homœopathic Uses.*—(Written for this publication by Prof. E. M. Hale.) The uses of this plant in our school coincide nearly with the uses of the European variety introduced by Hahnemann. My provings and experiments show that the symptoms elicited are very similar. Those who have used it to any extent, declare it to be of great value in nervous erethism, especially when reflex, and due to disordered states of the sexual organs or the digestive tract. It is useful in chlorosis, with great nervousness, in neuralgia, characterized by its wandering, erratic character. We find it specific in catarrhal affections, especially in mucons diarrhœa and leucorrhœa. It causes venous congestion, and is useful in varicosis. It has cured urticaria and itching papulæ. It is as useful in nervous or gastric sick headache, as is

the pulsatilla of Europe. The pain commences in the nape of the neck, ascends to one side of the head and eye, and is attended by chilliness and vomiting. It has proved specific in conjunctivitis catarrhalis, ophthalmia tarsi, hordeolum, opacity of the cornea, postules and granulations in the eyes. It is useful in otitis and otalgia from catarrh; in catarrhal angina, when the mucous surfaces are of a livid, purple hue, and covered with mucus. This light purple, or dark violet hue, attends all the local disorders indicating pulsatilla. The indications for its use in gastric troubles are the same as for pulsatilla *nig.* It has great curative powers over disorders of menstruation, regulating irregular menses, restoring suppressed menses, and modifying painful or profuse menses. I have used it successfully in gonorrhœa and orchitis, as well as ovaritis, due to suppression of the menses. It is well known that when a catarrhal flux from any organ is suddenly checked, a rheumatic affection of some muscle or joint may result. Here both species of pulsatilla act promptly curative, restoring the discharge and arresting the inflammation. I would advise its use for all the symptoms of pulsatilla *nig.* It has the advantage of being indigenous, and obtainable pure, and in inexhaustible quantities.

*Pharmaceutical Preparations.*—The fresh juice is mixed with one-half its bulk of alcohol (Dr. Miller). A tincture is made by using one part of fresh crushed pulsatilla and two parts of alcohol, according to our method of making tincture of clematis virginiana. The German Pharmacopœia recognizes a preparation (solid extract) made by heating the expressed juice of the flowering plant, filtering, evaporating the filtrate to a small bulk, adding alcohol, filtering again, and evaporating to the proper consistence.

*Dose.*—King recommended from one to two grains of the fresh plant daily.

Dr. Miller writes us that he administers "ten drops of the juice of the fresh plant once a day, but for extreme cases, such as incipient blindness (see p. 31), or syphilis, I give from ten to twenty drops two or three times per day, until narcotic (sic) symptoms come, which consist of headache, watery eyes, and especially a sensation as if the patient was smelling strong mustard.

Then I discontinue the medication for a few days, and afterwards resume with the same dose."

Prof. Scudder uses a mixture of from ten to thirty drops of fresh, strong tincture of pulsatilla, to four ounces of water, and administers of this a teaspoonful every four hours.—*Drugs and Medicines of North America*, a new work by J. U. & C. G. Lloyd, of Cincinnati, O.

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### Sarco-Peptones.

Dr. A. Jacobi, M. D., of New York, says: "I commenced the use of peptonized beef a very short time after Leube taught the preparation and indications of his 'meat solution.' For many years I employed it both by mouth and by rectum; by mouth, either undiluted, by the teaspoonful or dessertspoonful, or diluted in beef broth, or with tomato sauce, etc.; in the rectum, diluted with warm water in different proportions. There are some facts which need not be proven, but which merely require application. Such a fact appears to me the great usefulness of a substance which has already been peptonized, *i. e.*, digested, over those whose claim on the functions of the stomach begin as soon as they enter the stomach. Thus, without going into specifications, I remember a few cases of cancer of the pylorus in which the violent vomiting stopped entirely for some time, and immediately, when nothing but Leube's solution was introduced. These cases occurred even at a time when there was but a single place in New York City where the 'meat solution' was for sale, and when the preparation, in regard to uniformity and reliability, left much to be desired sometimes. The latter circumstance has often deterred me from using it when I might have derived great benefit from its use, but the sad fact will always remain, that the main necessities of the human species in regard to food and medicines are not also the main objects of the individual manufacturer and tradesman.

"I have also used it in cases of thorough hydræmia, slow convalescence, and all those conditions in which the stomach does not prepare its own solvent and digesting fluids. Wherever there is a mucous membrane and lymphatics, a genuine peptone



ought to be and is absorbed. Atrophy of the glands of the stomach, with its absolute apepsia is one of the best indications for its use. A certain degree of gastric catarrh does not form a contra-indication, least of all intestinal catarrh.

"Here I desire to direct your attention to the difference in the effect of peptones and 'beef-tea.' In cases of intestinal catarrh, with diarrhoea, the latter—so frequently resorted to in general practice—is apt to be injurious by the concentration of salts in it, perhaps also for some other reason; peptone, however, is not only easily tolerated, but is beneficial, for the reason that it is absorbed before it reaches the diseased surface. On the condition of the latter, when in contact with peptone or anything else, everything depends. An inflamed mucous membrane does not absorb, and therefore to administer peptones in a serious form of gastritis or to inject it into an inflamed rectum, is worse than letting them alone.

"I believe it took years, after Professor Leube's publication, before the manufacturing interest became aware that there was 'money' in the preparation of peptones. The meat solution has a very strong aromatic taste and flavor. It is true that some patients take it well and long, but some object to both those properties from the beginning, or get tired of the preparation very soon. These objections have been the reasons for many attempts at producing other preparations of similar nature.

"I have no doubt there are a great many good and reliable ones among them, and the fickleness of the individual taste must often direct the selection of the required article by the physician. I, for my part, have for a long time preferred Rudisch's preparations, particularly his 'Sarco-Peptones.' I have been told that you have experimented a great deal with the same. My reason for preferring it has been the absolute uniformity and equality of the specimens, and the fact that patients, as a rule, have been willing to take it for a long period in succession. I give it unmixed, in teaspoonful or half-teaspoonful doses every half-hour, hour, or two hours, or dilute it with broth, or spread it on stale bread or toast, or mix it with water for rectal injections. For months I have used no other preparation, being satisfied with having at least one which was reliable. I do not mean to say that there

are not just as good and palatable ones besides, but I am guided in my selection of that preparation simply by the fact that I have done well with it, and cannot expect to do better.

"Taking it for granted that you desired to hear from me neither reports of cases nor elaborate communications, I submit to you, dear doctor, the above remarks, brief and fragmentary though they may be, as the general result of my personal observations and experience.

"I know that many of my cases of hydræmia, slow convalescence, chronic diseases of the stomach, many cases of gastric dyspepsia, inanition brought about by rachitis and scrofula, and infectious fevers, have been greatly benefited, to say the least, by peptone.

Very respectfully yours,

A. JACOBI.

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### **Health Maxims.**

In sickness there is no enjoyment except in the consolations of the Christian religion.

A sound mind in a sound body is a fitting foundation for all that is high and noble in human achievements.

The safest and best remedies in the world are warmth, rest and abstinence.

Delicious sleep comes oftenest to the young and the day laborer.

A cheerful disposition is the sunshine of the soul.

The mental states have a more controlling influence over the bodily condition than most persons imagine.

There is no better way, no safer way, no easier way, no surer way, of saving children from the debasing influences of the street, from corrupt associations, and from the acquisition of vicious and hurtful practices, than to make home attractive.

The education of the young should properly commence with the grandmother, for it takes about two generations to eliminate the plebeian from the character and constitution.

Cold is the greatest enemy of old age.

Ventilation is perfect in proportion as the air of an apartment is kept equal in purity to that of the external atmosphere. This is best done in private dwellings by having an open fireplace.

Nature is very much like a shiftless child, who the more he is

helped the more he looks for it. The more medicine a man takes the more he will have to take, whether it be anodyne, tonic or alterative.

The thinnest veil or silk handkerchief thrown over the face while riding or walking against a cold wind is a remarkably comfortable protection.

When alcohol was first introduced into the world in its concentrated form, about the year one thousand, it was called "Aqua Vitæ," the water of life, the great catholicon for human maladies; but it soon became the "Aqua Mortis," the water of death, the source of mortal woes incalculable.

Never sit or stand with the wind blowing on you for a single moment, for it speedily produces a chill, to be followed with a fever and then a bad cold.

If thrown into the water and the strength is failing, turn on the back with only the nose and toes out of the water, hands downward and clasped. This should be practised while learning to swim, as a means of resting from great fatigue in swimming.

We shrink with horror at the thought that we, our wives or our children, may possibly die in a mad-house, and yet it can be made impossible by a reasonable attention to the laws of life and health, and by an active, stirring life.

To sleep well, a man must work hard.

Exercise to the extent of great fatigue does more harm than good.

A hearty meal, taken while excessively fatigued, has often destroyed life.

Health and good nature are generally associated.

On a freezing winter morning, to enter a warm breakfast room, with a blazing fire and a snow white table covering, with cheery faces all around giving hearty welcome, is one of the many domestic felicities of a happy marriage.

The "sands of life" are yielded by the food we eat and the water we drink; they constitute the foundation of the nails and hair and the scales of the skin, for we are all a scaly people, differing from the fish only that ours are smaller, and of variable quantities—morally.

Water is by much the largest constituent of our frames, used to render the other more solid portions plastic.

Chilliness of body dampens the spirits, sours the temper and renders the whole man unlovely.

The comforts and conveniences of life save trouble, save labor, economize time and add to our happiness generally.

A sour look, an impatient gesture, a cross word at the breakfast table is enough to make the best food indigestible, and spoils a day.

Cleanliness, in all the surroundings of a family mansion, pays richly in many ways, in good health, moral elevation, personal comfort, and dollars and cents besides.

A good laugh is anti-dyspeptic.

The wisest men are those who aim to live in such a way as to grow old without aches or pains.

Life is warmth, growth, repair and power to labor, and all these are derived from the food we eat and the fluids we drink, and these should be good. •

At every period of life, at all seasons of the year, and from the tropics to the poles, in every clime and country, the temperature of the human body in health is the same to a degree, that is, ninety-eight of Fahrenheit; hence we should eat in winter mainly of warming food, such as meats, fats, oils, sugar, and all the grains, farinas and starches; in summer, the fruits and berries, and melons and vegetables of the field, the garden and the orchard, which cool and open and ventilate the system.

The metals are dissolved by the rains and feed the plants, they in turn feed the animals, and they in turn sustain man, in order to fit him for the duties of time and the rewards of an immortal existence.

In a closed sleeping apartment the atmosphere becomes more contaminated every minute, because carbonic acid gas, a deadly poison, is generated in the lungs and is expired at each breath, and combining with the moisture it is heavier than the common air, and settles near the floor, hence the last thing a man should sell is his bedstead; but in reality it is considered by the ignorant and unfortunate poor as the most dispensable thing in the house, hence sickness is soon added to their poverty, a most unhappy combination.

The best anodyne in all nature is moderate, steady and continuous exercise in the open air.

The worst cold may be promptly cured if, within twenty-four hours after it has been taken, the patient will keep warm in bed, and eat little or nothing for a day or two.

Never sit with the back to a window or door, even if closed, for the air coming in at crack and crevice will certainly give a cold.

In going out into a colder air, keep the mouth closed, and walk briskly for a few moments.

A good cleansing of the entire body with soap and warm water once a week is all the bathing the human system requires for purposes of health, in ordinary circumstances.—*Hall's Journal of Health.*

#### For Asthma.

The following is Dr. Fothergill's formula: R. Tinct. lobeliæ, ʒ v; ammonii iodi, ʒ ij; ammonii bromidi, ʒ iij; syr. totulani, ʒ iij. M. Teaspoonful every one, two, three or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.—*Boston Jour. Chem.*

#### Cannabis Indica in Menorrhagia.

The following prescription is highly vaunted by Mr. J. Brown, of Racup, who says that the failures after its use are so few that it may almost be regarded as a specific: R. Tinc. cannabis Indicæ, gtt. xxx; pulveris tragacanthæ comp., ʒj; spts. chloroformi (Br.), f. ʒj; aquæ q. s. ad., f. ʒj. M. S. Of this, one drachm is to be given every two or three hours.—*British Med. Jour.*

#### Hypophosphites.

I have used Churchill's preparation as made by J. A. McArthur with the most decided benefit, and am satisfied that a fair trial is all that is required to establish its therapeutic value. I have at this writing several cases in which the syrup is doing beyond my expectations.

PHILIP LEIDY, M. D.

PHILADELPHIA, PA., Feb. 6, 1884.

## EDITORIAL.

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### **Gelsemium Hypodermatically.**

Nearly every doctor knows something about gelsemium ; quite a number of physicians use it freely and to advantage, but there are few who really appreciate it for what it is worth. We have used it always, sometimes with benefit, and occasionally with no good results. Not that the negative results were attributable to the drug, but because we did not have a suitable case, or because we did not use it properly.

That gelsemium is a powerful antispasmodic under certain circumstances we do know ; and its virtues are sometimes satisfactorily realized in spasmodic or convulsive diseases when it is given by the mouth ; in other cases it is better to use it hypodermatically. The most decided results from gelsemium, as an antispasmodic, are witnessed in cases characterized by evidences of central nervous excitation ; and where the signs point to the cerebellum, or base of the brain for the trouble, the remedy is all the more certain, and then we should administer it hypodermatically, *in full doses*.

This manner of using gelsemium was suggested to me by our Prof. Younkin, and in two cases we have had a happy experience with it. On April 6th was called to see a colored girl, age twenty, fine physique and very intelligent. She had been suffering with what she called cramps (pain in the womb) for two days, and for six hours had suffered from cramps in the hands and feet, and about every half hour the whole body was terribly convulsed, the patient insensible and had to be kept in bed—hysterical convulsions.

I concluded this was a good case for gelsemium. My hypodermatic syringe holds a little more than half a drachm. I armed it with the needle, and directly from the bottle of green root tincture of gelsemium I filled it. Then I discharged it into a vial, and added one syringe-ful of warm water. I then imme-

diately injected one syringe of the mixture into the right arm, and the other syringe into the left arm. I prepared a little cochineal coloring and water, ordered a dose every fifteen minutes and left. In about fifteen minutes (so the nurse afterward told me) the convulsions ceased, the patient was quiet, slept soundly, and awoke feeling entirely better, but quite sore over the region of the uterus. I then put her upon viburnum compound and macrotys, with bromide of potassium alternated. The next day I was sent for again, and found the patient approaching conditions of convulsions. I now filled my syringe directly from the bottle containing green root tincture of gelsemium, and in this undiluted form I injected it into the left arm. In half an hour she was perfectly quiet, no more signs of convulsions, and at this writing (April 15th), under the continued influence of the prescriptions above named, viburnum, etc., she is comparatively well.

But on the 10th instant (April, 1884), I had one of the most violent cases of hysterical convulsions I have ever witnessed. A stout, married woman, age 35, otherwise healthy. Was called to see her at 10 A. M., and found her suffering from slight pains in the head, chilly sensations all over the body, but nothing violent. I had attended this patient before, and she had had several attacks of hysterical convulsions, but I did not think she would have anything of this kind very soon. At 2 P. M. I was called to see her in haste. Found her in cramps, hands and feet flexed, teeth clenched and grinding, face red, abdomen wonderfully puffed, seemingly, but exceedingly tense. She was unconscious. Finally she relaxed a little, and was able to take water and medicine; but the interval of rest was only temporary, and one violent convulsion followed another in rapid succession. She cried, threw herself from side to side, tore her clothes, scratched her neck and breast, and became almost unmanageable in a few seconds. I had seen her in this condition upon four different occasions, and always had had trouble with her. The ordinary remedies, such as assafœtida, chloral, morphine, etc., were always slow in relieving her. And I had tried lobelia and antispasmodic tincture on other occasions, but could never relieve her without giving her about one drachm of chloral

by the mouth and one grain of morphine hypodermatically, in divided doses. And when she would get easy from these drugs she always felt badly, would vomit, and remain in bed for a day or two.

This time I determined to test the gelsemium. I filled my syringe from the vial containing the green root tincture, picking up a fold of cellular tissue on the abdomen, a little above and to the left of the umbilicus, thrust the needle into it, and discharged the syringe. I now prepared a glassful of cochineal coloring and water, ordered a teaspoonful every fifteen minutes, and left to be gone two hours. I was requested to remain, but did not want to do so for these reasons: I wanted to depend wholly upon the gelsemium, and I knew that if I remained, and relief did not come from the gelsemium pretty soon, I should be tempted to give morphine, which I did not want to do.

At 4 P. M., when I returned, the patient was alone, in bed, and smiled when I entered the room. The first thing she said was, "What was that you gave me?" I replied by asking, "Why, did it soon relieve you?" She answered that she felt very well at present, and that if there was no relapse she certainly never got out of these spells so quickly and nicely before, but that the nurse could tell me all about the matter, how she behaved after I left, etc. Upon inquiry, the nurse said that she had one or two violent convulsions after I left, but then she became quiet, and finally relaxed and was perfectly calm. Her eyes felt a little heavy, and no other inconvenience was suffered. Abdomen, natural size, only a little sore.

Now, I have watched this case, and find that no relapse followed, and none of the sick stomach was suffered like that coming from the morphine and chloral given on other occasions. I shall test gelsemium further in hysterical convulsions, and shall give it a thorough trial in puerperal convulsions, hypodermatically, I mean.

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### **The Emergencies of the Times and Duties of the Hour.**

We want the name and post-office address of every Eclectic physician and medical student in the United States. We are urging thorough organization of the Eclectic profession every-



where, and to those who do not receive this Journal we are mailing circulars, asking for addresses, and appealing for co-operation in this work of organization. In that circular letter we aim to show why we should be thoroughly organized, and endeavor to make plain just what the Eclectics of this country should depend upon, and exactly what should be done to protect and strengthen our cause, and place it, and keep it, where no earthly power can move it.

To the end in view, we earnestly request each reader of this Journal to send us at least the name and post-office address of every Eclectic physician and medical student in your county or parish, and as many more as you may be kind enough to furnish us. We sincerely hope that you, each of you, will give heed to this request, for it interests us all. If we can obtain the addresses promptly, we shall be able to reach everybody interested within a few weeks. Please let us hear from each reader at once.

Address direct, DR. GEO. C. FITZER, St. Louis, Mo.

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#### **Eclectic Medical Association of Arkansas.**

In our April issue we published the announcement of the fourth annual meeting of this association, time, May 16th, 1884, at Cabot, Ark.

Now, we desire to make this correction in the time: instead of May 16th, the association will convene on Wednesday, May 21st, 1884, at Cabot, Ark. Please note carefully this correction.

All Eclectics and liberal physicians are invited, and even urged to be present. Arkansas is a fine field for progressive men, and every one already located in this State should make it a point to meet with the association and help to strengthen our cause in the South. Remember, upon the united strength of the country physicians, especially, depends the ultimate success of any school of medicine. While cities may furnish a few specialists, and give the profession medical literature and text books, which are all good, even essential, the burden of the work in sustaining the profession rests with the country physicians. Realizing, then, the importance of the position you occupy, no opportunity should be lost in attending the society meeting, and making your presence known and felt.

And be sure and elect delegates to the National Eclectic Medical Association, or have them appointed. Each State society is entitled to fifteen delegates. We hope to meet the full number at Cincinnati, June 18th, 1884.

Louis E. Cook, M. D., of Russellville, Ark., is secretary of the State Association, and J. F. Bell, M. D., of Cabot, Ark., is corresponding secretary. Communications addressed to either, by any of our men, will receive prompt replies.

### **The American Pocket Battery.**

A portable electrical apparatus is a very desirable instrument for the general practitioner, and in the machine under consideration we have a very neat, convenient and effective instrument. It is comparatively easy to construct a pocket machine for producing the induced (sometimes called Faradic) current with sufficient strength for ordinary purposes; but when it comes to the direct or galvanic current, where a number of cells and elements are required, then larger boxes and more massive machinery are required.



The apparatus here illustrated is not meant to take the place of a galvanic battery, but is a Faradic machine, giving us the induced current, like that from the celebrated Gaiffe instrument, and other electro-magnetic machines. For appearance and durability the Gaiffe instrument cannot excel this; and for

strength of current and convenience in operating this is the preferable machine. I have tested it thoroughly, and find that it is reliable in every way, giving a smooth, yet powerful current, which is readily modified by observing the instructions accompanying the instrument.

The most marked improvement which is claimed over other machines of this kind is the patent hard rubber cell, containing

the elements—carbon and zinc—which is certainly a fine arrangement. Physicians can carry it from house to house fully charged with no danger of leaking, and it is therefore superior to any Pocket Battery in the market having open cells, that so frequently slop over the solution, and corrode their small wire connections, destroying the same.

Full instructions accompany the battery, which can be had of the manufacturers. Price, all complete, with bottle of bisulphate of mercury and all electrodes included, only \$10.

Address The Electro-medical Battery Co.,  
128 W. Main Street, Kalamazoo, Mich.

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### **Chancres and Old Sores.**

Soft and hard chancres are successfully treated by applying the following mixture: *R.* Salicylic acid, iodoform,  $\bar{aa}$   $\bar{3ss}$ ; *cannabis indica* (solid), gr. x; surgical collodion,  $\bar{3j}$ . *M.* Collodion will dissolve salicylic acid readily, and iodoform slowly. In using this, shake well and apply with a small brush, immediately to the chancre or sore. It dries immediately, and completely protects the part. This will effectually destroy the specific character of the sore, and a kindly action, healing process, is set up at once. A slight burning sensation is experienced when we make the application, but this is soon followed by a cool, agreeable sensation; and when we examine the part carefully, and come to handle it, we find that a condition of partial anæsthesia exists. The application should be repeated as often as it is thrown off, which will be every two or three days. This is not only a convenient plan of treatment, but it is generally quite successful. Where the ulcers do not heal readily under this treatment, we may omit for a few days and dress with Mayer's ointment.

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### **Digitalis in Organic Heart Disease.**

Regarding the physiological and therapeutical action of digitalis in organic diseases of the heart, while it is certain that the ventricles are directly affected, it is also probable that the whole heart is influenced more or less. And we can nearly always prescribe digitalis successfully by taking into account the general

condition of our patient. Dropsy, accompanied by embarrassed respiration, worse by spells; patient unable to lie down with any degree of comfort; face, and especially the lips, livid; pulse irregular, feeble, frequent and compressible; urine scanty; dizziness, and sometimes conditions approaching syncope, accompanied by hard breathing and a death-like appearance of countenance. Here digitalis will frequently give prompt relief, and is the most reliable remedy we can employ. In this case it may be used in tincture or infusion, combined or alternated with brandy or gin.

There are many cases of heart disease, accompanied by some of the symptoms and signs above detailed, where the pathological conditions are not very well understood, and still we may greatly benefit these patients by administering digitalis. Here its use is empirical, and it is the best we can do in many cases.

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#### **Personal Notes and Local News.**

—Dr. T. Cheatham (graduate of class 1881), now located at Lampasas, Texas, was married, March 4th, 1884, to Miss Mollie Smart, of Lampasas, Rev. J. Abney conducting the ceremony. Success to Dr. Cheatham, and we are sure he will do well. If he is as prompt to business as he was to his place in college, he cannot help but succeed.

—Dr. W. J. Chittenden, of Willow Hill, Ill., says he has a good location for sale.

—Dr. W. W. Houser, of Lincoln, Ill., wants a few more good eclectic physicians to settle in Logan county. He will answer inquiries from responsible parties.

—The nineteenth annual meeting of the Missouri State Sunday School Association will be held in the Pilgrim Congregational Church, St. Louis, commencing Tuesday, May 6th, at 7.30 P. M., and continuing Wednesday and Thursday, May 7th and 8th. All friends of the Sunday-school cause are cordially invited. Programmes, also information in regard to reduced railroad rates, will be furnished on application to the following: Frd. Hawes, Chairman, Kirkwood, Mo.; L. L. Allen, Sec'y, Pierce City, Mo.

—J. E. Callaway, M. D., of Ravanna, Mo., an old friend and medical college mate in 1866, spent Easter Sunday with us at our residence. The meeting of old friends always makes the heart glad. Dr. Callaway is a polished gentleman and an accomplished scholar, and has made for himself a lasting reputation in Northwest Missouri.

—A man in St. Louis got jealous of his wife and shot her seven times; thinking he had certainly killed her, he then shot himself dead. This happened eighteen days ago, and the woman says (for she is up and about the house): "Two of the bullets went clean through my body, both piercing the lungs, one passing right along where my heart ought to be, if I have any; another entered the back close to the hip, and another through my arm. I don't see how I managed to get well, but I came from good, healthy English and French stock, and as the rest of my life is going to be peaceful, I hope to live to go." We know about this case, and every body regards the recovery as a remarkable one. Guess the heart must be in the wrong place in this case, or perhaps none of the shots hit her *vital point*.

—A Bill has been reported in the New York Legislature, so says the *New York Medical Journal*, legalizing all degrees and diplomas of The United States Medical College.

—The *Medical Tribune* for March is before us. Prof. Gunn says: "We thought that the preamble of the constitution of the National Eclectic Medical Association was clear enough to be understood by every one who subscribed to it; and the first line declares that the right of doing good transcends all statutory and other enactments." The only question then is this: are our deeds good or evil? If the fruit be good, then the answer is plain.

—Let every body remember that the National Eclectic Medical Association meets in Cincinnati, Ohio, June 18th, 1884, and that it will continue in session for three days—if not dispersed sooner by a riot!

—Just as we are about to go to press we have operated upon another case of old organic stricture by electrolysis. The case was a bad one, but we passed the stricture in five minutes after connecting with the battery, and the man immediately voided

urine in a full stream, a thing he had not done before for more than three years. Think of organic stricture being relieved, and probably permanently cured, in five minutes. Of course we cannot cure all cases quite so soon, but this mode of practice is eminently successful.

—Four practical papers in pamphlet form now ready, viz.: Sexual Weakness and Impotence in the Male; Organic Stricture of the Urethra cured by Electrolysis; Diseases of Women, embracing Vaginal and Uterine Leucorrhea, Ulceration of the Os Uteri, Cervical and Endo-metritis, and Prolapsus Uteri, with illustrations of the appropriate instrument for making the necessary local application; Alcohol, as a Food, a Medicine, a Luxury, a Poison. Each, 25 cents per copy; the four papers together, 75 cents. Address Dr. Geo. C. Pitzer, St. Louis, Mo.

—Annual Announcements of the American Medical College now ready. They contain a complete list of the graduates of this school from its organization in 1873 to 1884 inclusive.

—In answer to frequent inquiries, we again state that our Prof. Albert Merrell is the Eclectic member of the State Board of Health of Missouri.

—The March issue of the *Kansas Medical Journal*, edited and published by J. Milton Welch, M. D., La Cygne, Kas., is before us. This is a good journal. This issue contains the Proceedings of the Kansas Eclectic Medical Association's last meeting, recently held in Topeka, Kas. This State has a live, hard working Association. She has the men, and they are willing to work.

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### BOOK NOTICES.

A MANUAL OF PRACTICAL HYGIENE.—By Edmuud A. Parkes, M. D., F. R. S. Sixth edition.

This is volume II. (volume I. was the September, or No. 9) of this work, and No. 11 of Wood's Library of Standard Authors for 1883. The fact that it has reached its sixth edition is recommendation enough. That it is the standard text-book on hygiene everywhere we need hardly assert, for all who have

had anything to do with health officers or boards of health understand this.

This a useful book for families, as well as physicians, and even for the benefit of one's own household, doctor or not, this is a profitable book to have in the library. It teaches hygiene from sensible stand-points, no extreme views advocated, but great pains taken to make everything specific and well understood. A fine book of 556 pages; cloth, and well bound. Wm. Wood & Co., New York City.

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THE MEDICAL DIRECTORY OF PHILADELPHIA FOR 1884.—Edited by Samuel R. Hoppin, M. D. P. Blakiston, Son & Co., Phila., Pa.

This is a complete medical directory of Philadelphia, embracing all hospitals, medical schools, physicians, midwives and nurses. It is neatly bound in cloth, and will be found to be a very convenient reference.

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DRUGS AND MEDICINES OF NORTH AMERICA; a Quarterly, Devoted to the Historical and Scientific Discussion of the Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal Plants of North America, their Constituents, Products and Sophistications. — By J. U. Lloyd and C. G. Lloyd, Cincinnati, O.

Number 1, of Volume I, of this work is before us, and we congratulate the editors upon the appearance and contents of their first issue. So far as it goes, it is all that the title page claims, and even more.

Virgin's bower, rue, anemone, wind flower, and American pulsatilla are described in this number, and their medicinal properties and uses carefully detailed. These papers are not only scientific in the strictest sense, but they are eminently practical, and meet the wants of physicians everywhere.

That the reader may have a clear conception of the character of this work we reprint in our Abstract department the conclusion of one of the papers — that referring to the properties of American pulsatilla.

The second number will contain contributions from the fol-

lowing eminent authorities: Prof. Roberts Bartholow, Philadelphia; Prof. E. M. Hale, Chicago; Prof. J. M. Scudder, Cincinnati; and Prof. John King, Cincinnati.

The micro-drawings and descriptions will be produced by Louisa Reed Stowell, and the illustrations of plants, sections, crystals, etc., etc., by J. A. Knapp. Dr. Fred. Hoffman, of New York, and Virgil Coblenz, of Springfield, will contribute on special subjects. The next number, containing hepatica and hydrastis, will be of unusual interest. \$1.00 a year. Address J. U. & C. G. Lloyd, 180 Elm Street, Cincinnati, O.

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**SHAKESPEARE AS A PHYSICIAN.**—By J. Portman Chesney, M. D. One volume, 226 pages; good paper, cloth binding, and in every way neatly published. J. H. Chambers & Co., St. Louis.

This book is meant to comprise every word which in any way relates to medicine, surgery or obstetrics found in the complete works of Shakespeare, with criticisms and comparisons of the same with the medical thoughts of the present day. The book is a most interesting one, eminently fascinating in style, and very instructive throughout. Many verbatim quotations are made from Shakespeare, and when disconnected from the body of the original work, and placed in the line of medical literature, they seem all the stronger and more pointed or real like. All who have a liking for Shakespeare, especially, will be delighted with this book, for it is a work of merit, both in point of practical matter and literary achievement.

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**BACTERIA, AND THE GERM THEORY OF DISEASE.**—By Dr. C. Gradle, Chicago. Published by W. T. Keener, 96 Washington Street, Chicago, cloth binding, 219 pages, and well gotten up in every way.

This work is in the form of lectures, delivered at the Chicago Medical College, and pretty thoroughly exhausts the subject of the germ theory. A book in the form of lectures, especially if the author is learned, is always entertaining, and this work is especially so. All who desire to learn about the germ theory should have a copy of this book, for it contains the cream of what is known upon the subject.



**MISCELLANEOUS PARAGRAPHS.**

**Planten's Capsules of Oil of Wintergreen U. S. P. [Oleum Gaultheriæ], two sizes—5 and 10 Minims.**

*The Medical Record* (p. 505), November 4th, 1882, published by Wm. Wood & Co., New York, has an article on the oil of wintergreen as an efficient salicylate in acute rheumatism, by Francis P. Kinnicutt, M. D., physician to St. Luke's Hospital, to the out-patient department of the New York Hospital, etc., to which we would refer, quoting from same the following: "Mr. P. Cassamajor, a well-known chemist of Brooklyn, it is stated, arguing from a purely chemical position, was led to expect better results from the use of oil of wintergreen (which is mainly a methyl salicylate) in rheumatic affections, than from other salicylates of a more fixed character. He treated himself and several friends suffering from acute rheumatism with ten drop doses of the oil, frequently repeated. The results were very satisfactory.

"The method seemed to me worthy of an extended and careful trial. I therefore directed that all cases of acute rheumatism received in my wards, at St. Luke's Hospital, during the months of May, June, and July, should be placed upon this treatment. The cases were carefully observed by me from the time of their reception into the wards. They were all well marked cases of acute rheumatism, several of them of a severe type. The method adopted in the earlier cases was to administer the oil in ten minim doses every two hours daily, until eight doses had been taken. Its use being unattended with any gastric disturbance of toxic effect, the daily amount was gradually increased, until in the later cases fifteen minim doses were given every two hours, except during sleep, and in severe cases during the twenty-four hours. The mode of administration was in capsules.

"The oil of wintergreen was employed in my wards during the same period in a number of cases of a sub-acute character, also in a single case of gout and rheumatism, and in other affections in which the salicyl compounds have been employed, with very beneficial results.

"The patients should not have the amounts of medicine

reduced at too early a date, and should be confined in bed for a sufficient period.

"The rule adopted in my service was to discharge convalescents from acute rheumatism only after a period of a full week or ten days of their being about the wards and on full diet."

*Conclusions.*—That in the oil of wintergreen we possess a most efficient salicylate in the treatment of acute rheumatism.

That in its efficiency in controlling the pyrexia, the joint pains, and the disease, it ranks at the head of the salicyl compounds.

That the best method of its administration is in frequently repeated doses, continued in diminished doses throughout convalescence.

That its use possesses the advantages of being unattended with the occasional toxic effects and the frequent gastric disturbances produced by the acid, or its sodium salt, even when prepared from the oil of wintergreen.

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#### **Illinois State Eclectic Medical Society.**

The sixteenth annual meeting of the Illinois State Eclectic Medical Society takes place at Springfield, Ill., beginning on Wednesday, the 21st day of May, 1884, at 10 o'clock A. M., and will continue in session two days.

Every arrangement will be made by the committee to insure the comfort of those who attend, and the speedy transaction of all business connected with the Society.

The pleasant and instructive meeting held in Decatur last year should act as an inducement for every Eclectic to meet with us at Springfield. The growing importance of city, county, state and national societies admits of no doubt—they strengthen our ranks, improve our status, and bring out talent that would otherwise remain undeveloped. We are brought face to face with our brothers in the profession; we become acquainted, exchange views in open debate or otherwise, and thus improve one another by adding our thoughts and experiences to our medical and surgical literature.

To those physicians who desire to become members of National Eclectic Medical Association, I would say that they must become members of the state society to insure them a member-

ship in the national. This, of itself, should induce them to attend the state society.

Subjects have been assigned certain members of the society, and they properly notified of such appointments, and upon the faithful compliance with the appointments depends largely the value of our published transactions.

The subjects selected take a wide range, but they all come within the province of the physician, and are of great value to all who read them, and take part in their discussion; therefore, do not fail to comply with the simple request made upon your time and brain, but add your mite to the advancement of scientific knowledge, which will benefit ourselves and the community at large. Fraternally yours, H. K. STRATFORD, M. D.,

President of the Illinois State Eclectic Medical Society.

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#### **Inversion and Final Removal of Uterus.**

BROOKVILLE, FLA., March 27, 1884.

DR. GEO. C. PITZER—*Dear Sir*:—Having seen your offer of two medical journals free, advertised in the *Polyclinic*, published at Philadelphia, induced to make the request. I am a practitioner of medicine in this bright and beautiful South land. Our climate is certainly the finest in the United States.

I will give the history of a strange case in surgery in that of a cow, viz: Calved about 1st of month. Complete inversion of womb betwixt first and fourth day. Within two or three days efforts made to return it failed, on account of enlargement from swelling. Ligated it with flax ligatures close to birth place. After ten days cut it off close to ligature. Some hemorrhage. Stump of womb returned of itself immediately. Cow at this, 27th, doing well. Have you any records of such a case and practice?

Yours respectfully, N. A. WILLIAMS, M. D.

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#### **Perpetual Injunction.**

In the U. S. Circuit Court in Maryland, it was, on the 10th of March, 1884, adjudged and decreed that a perpetual injunction be issued against Louis E. Wetter, and eighteen others, restraining them from imitating the labels of the Rumford Chemical Works, manufacturers of Horsford's Baking Powder, and also from using their old bottles.

The defendants were required to bring into court all fraudulent labels, and all imitation powder, for destruction.

It was decreed that the Rumford Chemical Works be entitled to receive the profits which have been diverted from it by reason of the infringement, and the defendants were ordered to pay all costs.

Thus is another victory scored for the Rumford Chemical Works, who, not long since, caused several parties to be heavily fined for violating the injunction of the Supreme Court restraining all persons from offering for sale "Acid Phosphate" (so called) in any package which shall be a substantial or colorable imitation of Horsford's Acid Phosphate.

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**Lithiated Hydrangea.**—By J. H. CLARKE, M. D.

I have already had such excellent results from the use of Lambert & Co.'s lithiated hydrangea, that I think a brief report of the cases may interest my professional brethren who feel the necessity for an anti-lithic remedy;

**Case 1.**—A young lady, aged twenty-three, recovering from a severe attack of typho-malarial fever, was seized with acute inflammation of the kidneys; the urine was highly colored and very scanty. I was sent for and prescribed the above remedy in drachm doses, four times a day, in a little water. On the third day the urine became normal in quantity and color, with entire cessation of pain.

**CASE 2.**—Mrs. M., aged sixty, was attacked with acute inflammation of the kidneys and bladder; the urine being highly colored and could only be passed in very small quantities, pain extending low down in the back, loins and thighs. I prescribed lithiated hydrangea, in drachm doses, four times a day; second day pain subsided, and fourth day urine normal and cure complete.

**CASE 3.**—Mr. R., aged fifty-six, consulted me for disease in the small of the back, which, upon examination, proved to be chronic inflammation of the kidneys. I prescribed lithiated hydrangea in drachm doses, four times a day, with decided improvement; in a week's time all pain and inflammation had subsided. He has been using the medicine for three weeks, and now considers himself well.

CASE 4.—Mrs. A., aged eighteen, had renal calculi, with severe pain in the back, which extended down the ureter to the bladder and loins. I prescribed Lambert & Co.'s lithiated hydrangea, in drachm doses, every two and a-half hours, and pain subsided after the third dose; patient has had no attack since, though she continues to take the medicine three times a day, for fear of a return of the disease.

I believe I could relieve pain sooner in some cases if I had given it in two-drachm doses four times a day. I regard the lithiated hydrangea an efficient remedy in acute nephritis and calculous complaints, abnormal conditions of the kidneys, and diseases of the bladder, and my experience justifies me in recommending it to the profession as a valuable medicine in the above diseases.—*Medical Brief.*

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### PROFESSIONAL AND BUSINESS EXCHANGE.

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Under this head notices for sale or exchange, locations, or partnerships wanted, and other notices of like nature, will be inserted at \$2 a time. If more than eight lines, 25 cents extra for each additional line. Always in advance.

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Pure Cow-pox Virus, free from blood, pus, or other deleterious matter, supplied Physicians at the following price: Ten Vaccinations (FIVE WHOLE QUILLS), \$1.00. Air-tight vaccine case, 30 cents. All Virus guaranteed. Cash must accompany all orders. Address R. M. HIGGINS, M. D., Missouri Vaccine Farm, Webster Groves, St. Louis County, Mo. For past eight years of Manchester, Mo.

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#### **Medical Books and Surgical Instruments.**

We make a specialty of the Book Business. Students and practitioners wanting books of any kind, no matter of what school or where published, may order them direct from us, and rely upon getting what they want, and upon as good terms as they can be had anywhere. Surgical Instruments, Pocket cases, and Saddle-bags the same. For price list see advertising page v.

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#### **Journal Business.**

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*ORIGINAL COMMUNICATIONS.*

**ART. XXIX.—Lithiated Hydrangea.**—By J. E. CALLAWAY,  
M. D., RAVANNA, Mo.

PROF. PITZER:—Many years have passed since I undertook to write an article for publication in a progressive, wide-awake Medical Journal; but this evening having a little time to spare, and remembering my promise made you, I beg to indict the following:

Was called December 26th, 1883, in consultation with Dr. K. of this place, to see Mrs. H., also a resident of this town. Found her in an intensely excited (nervous) condition. That the reader may have the full benefit of this case and the subsequent treatment, I will try and give a minute history of it. I learned from Dr. K., herself and family, she had been afflicted since *last* spring with rheumatism, and a pain directly *under* left mammary gland, frequently prostrated with palpitation of the heart, shortness of breath, cold extremities, almost pulseless, and a pale countenance. Habitual constipation, pain in region of kidneys, urine scanty and high colored, brick dust sediment or deposit in chamber, micturition attended with severe burning and scalding sensation in urethra and labia, a variable appetite attended with sick headache, sour stomach, pain in stomach after eating, or rather a burning sensation in stomach. Anything unusual transpiring that she would hear, or hear of, would produce intense excitement and nervous troubles formerly spoken of; tongue usually

heavily coated at base with dirty pasty coat, *tremulous* and protruded with *difficulty* and *always* to the *left side*; pulse small, feeble, and frequent, often 120 to 130 to the minute; pain in the head most the time through temples and base of the brain, evidently irritation at this point; cold sweat on extremities. In this condition she became pregnant and aborted about the third month, when she grew rapidly worse every way—troubled some time after aborting with uterine hemorrhage, relapsing into a genuine case of *chlorosis*, with *sub-involution* of the uterus.

In this condition I found her, and treated her, with Dr. K., some weeks with *variable* success. Frequently she could retain nothing on her stomach for days at a time, although we used *all* the remedies at our command. To control the incessant vomiting we resorted to cantharidal vesication over stomach with a weak peach bark tea in minute doses, frequently administered. To relieve rheumatic pains, and induce quiet and sleep, gave *Wyeth's* No. 9 Hyperdermic Tablets (hypodermically). She could not bear any quinine or other active nerve tonic; were compelled to resort to the use of the old irritating plaster, to relieve pain permanently at base of brain, through temples and under left mammary gland. By its persistent use I succeeded in relieving all the pain except that in left breast, which it greatly mitigated. Had more trouble to control *urinary derangement* than *any other*; this *resisted* the action of *all diuretics* and alteratives until I procured lithiated hydrangea; gave her three bottles (viii 3 each), in doses of one and two drachms three to six times daily; and after using half of the first bottle she got much better, and by the time she had taken two bottles the trouble with the urinary organs disappeared entirely. During convalescence she was troubled with rheumatism in both legs, from knees to end of toes; this I relieved mostly by the use of W. R. Warner & Co.'s comp. of iodoform pill. She is now able to be up and about, looks well, feels well, and is able to travel; will go *this* month to West Virginia to spend the summer, but will take along a good supply of lithiated hydrangea and compd. iodoform pills.

That there are perplexities and vague uncertainties "attending every walk in life" none will deny, and a physician's every-day experience shows him that his chosen avocation is not wholly ex-

empt from cases that tax his mind and vex him to a degree almost beyond endurance. And we would "throw up the sponge" if pride and professional dignity did not peremptorily demand "eternal continuity."

Some time last winter a gentleman called at my office, and finding me busy with some half dozen patients, warmed himself and retired without making his business known, and I being much interested at the time with other cases preceding him, I said no more to him than to bid the time of day, etc. In the course of a week he again returned, and finding me at leisure, he said he had called the week before to tell me about the condition his four or five months old babe was in, and to get some medicine, provided I thought I could do it any good, but that at *this* time his babe was much worse and he desired I should visit it. Having for a month or two known his child was sick, I made enquiry concerning *other* medical attention his child had received; he said his attending physician knew he was going to call me to take the case, and insisted on my going as soon as possible. I went and found his child in the following condition: habitually constipated from birth. I have just said *habitually* constipated, a term not allowable in so *young* a patient, but you understand my meaning—the peristaltic action of its intestines obstructed, so much so that the parents had given it oleum ricini almost daily since its birth, and at times other laxatives, aperients and cathartics. Very *little* urine passed at all, and that little attended with severe spasmodic pains; bladder *very* much swollen and *very* tender to the touch, soreness extending through the urethra to end of penis; in fact its penis was *so tender* and *sore* it would *cry aloud* every time it was touched or handled, and this trouble, with its being unable to pass but *very little* urine, had also been continual since its birth. It cried almost constantly day and night, as though suffering greatly. I learned but little about previous treatment, and began my prescriptions thus, to relieve constipation:

R. Ex. rhamnus purs. fl., ex. berberis aq. fl., āā ʒ ss; tinct. nux vomica, gtt. xx; glycerine, ʒ iij. M.

Sig. One-half teaspoonful once in four hours, until bowels moved freely; then half the quantity every four hours, or often enough to *keep* the bowels *regular*. And *this did it*. As to the



urinary and cystitic trouble, I tried *all* the demulcents and diuretics at my command—and they are not a few—and *failed utterly*. Santonin would cause a better and freer flow of urine than anything else I had tried, but it caused much greater *irritation* of the urinary ducts, and was abandoned on that account. Finally I sent to Lambert & Co. of St. Louis, procured a bottle of lithiated hydrangea, gave this little patient one-half teaspoonful every three hours, and thus continued its use *unceasingly* for forty-eight hours, when it began to improve; then gave half the quantity every three hours forty-eight hours longer, when *all* trouble with scanty micturition, soreness of bladder, urethra and penis *subsided entirely*. I continued the remedy together with the laxative first named about four weeks, then discontinued both, and now the little one has passed a month or six weeks and no return of either trouble. I interviewed its father but yesterday, and he says it is *well*. The laxative and lithiated hydrangea *did it*.

April 29th, 1884.

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**ART. XXX.—Purulent Conjunctivitis.**—By O. A. PALMER, M. D.

This disease may come on without any known cause. Sometimes it comes during an attack of catarrhal conjunctivitis, but most frequently it is the result of contagion from some source. Infants may be infected by the secretions with which they come in contact during their passage through the vaginal canal, or the infectious matter may accidentally be transferred from the vagina to the child's eyes sometime after its birth.

If an eye becomes inoculated by the purulent discharge from the urethra during an attack of gonorrhœa, a severe form of purulent conjunctivitis will follow. This affection is characterized by a free flow of pus and great swelling of the conjunctiva. The chemosis is a marked symptom of the disease. The conjunctiva may be so swollen as to cause it to puff out between the lids. If the lids are partially opened, the chemotic condition can be distinctly seen. If the conjunctiva is lax, it will overlap the cornea to a great extent during its swollen condition, and it will not be an easy matter, in every case, to determine whether the cornea is clear from disease near the sclero-corneal junction.

The surface of the conjunctiva is generally red, smooth and glistening; but if the sub-conjunctival tissue becomes infiltrated with a fibrinous exudation, it will look grayish. In severe cases the levator muscle does not have the power to raise the upper lid on account of its heavy condition, due to the swelling, which causes it to hang down over the under one. At first, the secretion is watery, or watery and bloody, sometimes flaky and exoriates the cheeks, soon it becomes purulent and the conjunctiva loses its glistening appearance and looks velvety. Usually at this stage of the disease the discharge is very abundant, and consists of a thick, creamy pus. This affection endangers the cornea very much, and may cause a partial or total destruction of it.

The corneal danger is greatest while the chemotic swelling is at its height or on the decline, and it is not best to state what the vision will be until the swelling subsides.

When the cornea becomes diseased, there may be either marginal ulceration, purulent infiltration, or a complete suppuration. If the corneal trouble appears near the close of the disease it will respond to treatment readily as a rule. This disease may be either acute or chronic. The acute cases generally recover in from four to eight weeks, without any or but little loss of vision.

In the chronic form, hypertrophy of the conjunctiva and trachoma are the usual results.

The treatment should be very carefully managed, especially in the first stage, and the most efficient means used to check its progress. It is better for the patient to be confined to a darkened room that should be kept of an even temperature.

If only one eye is attacked, the other should be protected with a watch glass or hermetically sealed, to prevent its becoming affected. On account of the contagious nature of the discharge, every one should be very cautious about getting any of the matter into their eyes. See that all sponges, clothes and towels are properly cared for. The physician, nurse and patient should be sure that their hands are kept clean. It is safer for the nurse to wear protecting glasses while caring for eyes that secrete a contagious discharge.

Two of Von Graefe's nurses lost both eyes, after they had some years experience, because they did not use the proper

protection. If any of the discharge should get into the healthy eye, it should be immediately washed out with warm water, and a few drops of the solution of nitrate of silver (grs. ij., aq. ʒ j.) instilled into the eye. Chlorine water diluted one-half can be used the same, or in place of the nitrate of silver.

During the inflammatory stage, cold water or ice packs are the most valuable local applications. If there is fever or constitutional disturbance, the proper general treatment should be used. While the secreting stage lasts, remove with bits of soft cloth the discharges from the lids as fast as it forms. It is often necessary to do this every half hour or hour in severe cases. There is no doubt in my mind but that nitrate of silver is the best remedy in the *materia medica* for all forms of purulent inflammation of the conjunctiva.

I use it both locally and internally. One to two grains of the third or sixth potency is given morning, noon and night, and at the same time a solution (gr. j., aq. ʒ j.) is applied externally, and a drop or two put into the eyes every two to four hours.

With the above treatment and plenty of fresh air, a good diet and the utmost cleanliness, nearly every case will recover.

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**ART. XXXI.—Laryngo-Tracheal Diphtheria.**—By W. L. GUIN, M. D., St. JOSEPH, Mo.

Scarcely a leading medical journal of the country reaches me that does not contain some reference to a disease involving the air passages, variously characterized as "croup," "membranous croup," "pseudo-membranous croup," "diphtheritic croup," or some other name of similar import, according to the different impressions of the several writers. And, judging from the diversity of opinions expressed, no definite opinions have been reached in regard to the nature of the morbid manifestation, while the treatment that is usually pursued discloses the lack of a rational basis. In no report that I have seen has an attempt been made to ascertain the existing pathological condition by a post-mortem investigation—the only method by which the point can be determined, where any doubt exists as to the nature of the malady. Not until this is settled can the physician proceed intel-

ligently, with the hope of discovering some remedy or devising some means that will counteract or arrest the morbid condition.

Now, after an extended and rather extensive experience with this disease, after investigating the matter by every means at my command, I am fully convinced that it is diphtheria, for reasons that will soon appear. It bears no relation to croup whatever, except that it involves the larynx, trachea and bronchial tubes. But the symptoms are so nearly identical with those of croup that the physician who relies upon symptoms—a fruitful source of deception—to determine a diseased condition is likely to be misled in his diagnosis.

That diphtheria is a constitutional disease is the prevailing or accepted opinion amongst writers on medical topics. That it is entirely local in the incipient stages, and never becomes constitutional excepting by absorption of the exudation, I am quite certain. In cases implicating the larynx and trachea that terminate fatally the patient dies of suffocation. There is no prostration in the majority of instances, the strength being maintained to the hour of death. But why this tendency of recent years to invade the respiratory passages more than formerly I am unable to explain. The *materies morbi*, whether of germ origin or not, finds a lodgment there during inspiration, and inflammation and exudation is the result.

Several years ago, in an Illinois town where I was practicing medicine, this phase of diphtheria, which at that time I denominated "diphtheritic croup," prevailed as an epidemic amongst children for several months, and I have seen a number of cases at different times since. During this epidemic I treated between fifty and a hundred cases. Not being satisfied with the degree of success that my treatment was giving, I concluded to convince myself as to what I was contending with, and with this end in view asked the privilege of an autopsy, which was granted.

Because of the similarity of symptoms, and tendency of doctors to confound this disease with croup, I will state, briefly, the prominent symptoms of a typical case that runs its course to a fatal termination in from two to five days, and then give the post-mortem appearances as revealed in the case above mentioned.

The first symptoms are very much like and apparently no worse than we usually witness from a common cold. The child is restless and fretful, somewhat feverish and inclined to sleep. In a day or two the febrile symptoms become more marked, the pulse full and ranging from one hundred to one hundred and forty, and in some cases as high as one hundred and sixty per minute; kidneys, normal; bowels, regular; tongue, usually clean until the advanced stages of the disease, when it becomes coated from poisonous exhalations; head, hot; cheeks, flushed, but pupils dilated. The breathing now becomes difficult and labored. The child complains of pain in the region of the larynx and trachea, pressure on these parts causes pain, but no swelling of the cervical regions is perceptible, unless the tonsils are involved; hoarseness intervenes, till in many cases the child cannot speak above a whisper. Respiration is now very difficult, cough is troublesome and decidedly croupal, the breath is offensive, the breathing becomes more and more difficult, pulse irregular, the countenance is anxious, the child changes position often, the arms are in almost constant motion, the head is thrown backward in the struggles for breath. These symptoms increase in severity till death ensues.

On laying open the larynx and trachea of a child that died of this phase of diphtheria, I discovered that there had been a high degree of inflammation, together with the characteristic diphtheritic exudation, extending throughout the larynx and trachea. There were places where there was no fibrous exudation, but an abundance of pus-like secretion. Probably the membranous exudation had been detached from these places during a paroxysm of coughing. At other points it was so firmly adherent to the walls of the tube as to be removed with difficulty by the forceps. I did not extend the examination below the bifurcation of the bronchia, as I had promised the parents that I would not mutilate the body, but at this point the fibrous exudation was still visible. There was no swelling or enlargement of the parts external, and the tissues surrounding the larynx and trachea were not inflamed. The diseased condition was limited to the cavities of the larynx and trachea, unless it extended into the bronchial tubes. Tracheotomy, as will readily be seen, could have effected nothing in this case.

My observation has been that when the pharynx and nasal cavities are greatly involved the larynx is likely to escape an invasion. This is not true of every case, but in the majority of fatal cases there is very little pharyngeal trouble.' This is the reason why the doctor, if he is not careful in his examination, is led to suppose that he is treating a case of croup. When called to prescribe for a child of croupal symptoms, the physician should examine the throat carefully under a good light, and, if diphtheritic in character, some patches of exudation will very likely be observed in the pharynx. The exudation of diphtheria when once seen by a discriminating eye is not difficult to recognize afterwards.

The purpose of this paper is not to offer any suggestions in regard to treatment, but to divert attention from croup and direct it to diphtheria as the real cause of so many deaths amongst children that are generally supposed to die of croup.

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**ART. XXXII.—Sciatic Neuralgia.**—By W. H. CARTER, M. D.

Was called April the 7th to see Mr. K. On my arrival found Mr. K. suffering from sciatic neuralgia. Was taken last November; was treated by a quack for about three months without any improvement. The quack was finally given the grand bounce, after which an allopath of good reputation was employed, and treated the case for about one month, without producing anything more than temporary relief, with chloroform and morphia, and finally told his patient he would have to prostrate him before he could effect a cure. This, of course, lessened the confidence of the patient; consequently I was called about 4 o'clock in the evening of April 7th. Found him in his bed, unable to walk without a crutch.

The symptoms were as follows: Skin, dry and husky; temperature, but little above normal standard; pulse, about 85; bowels, constipated; tongue, very red and tremulous; appetite, moderately good; kidneys acting very well, yet urine was highly colored. His pain was located from hip to ends of toes, to use the patient's own language, being the greatest at the most superficial points of sciatic nerve; pains, paroxysmal, and had been for over two months, recurring every evening about 6 o'clock, and

continuing until 4 or 5 o'clock in the morning; had taken over two hundred doses of sulphate of morphia; had gradually grown worse all the while. The muscles of left leg had become greatly atrophied, and, as he expressed it, felt more like a chunk hung to that side than a leg, yet had great hyperesthesia along the sciatic nerve and some continual pain.

I began my treatment by giving him hypodermic injections of: R. Morphia, gr.  $\frac{1}{4}$ ; atropine, gr.  $\frac{1}{4}$ , over the sciatic nerve at the point most painful at 5 o'clock each evening, usually from popliteal space to ankle-joint. The first night the recurrence was deferred three hours, and after it did come on was not so severe. The next evening about 5 o'clock I gave the same injection, which produced a good night's rest, paroxysms only coming on at irregular times, and lasting but a short time and very much mitigated. Used the injection but five evenings; should have used it longer had I not broken my syringe by drawing hot water in it to warm it up. And in connection with the above treatment I gave fl. ex. podophyl., lept., sanguinaria and taraxacum, to arouse the action of liver and regulate bowels. Gave cinchonidia, 3 grs., every two to four hours through the day. Ordered soda sponge bath three times a week.

Patient is able to work and walk without crutches, and I think is making a good recovery.

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**ART. XXXIII.—Puerperal Convulsions.—By F.W. OWEN, M. D.**

I was summoned hastily, on the night of April 23d, to attend Mrs. G., in labor. The messenger said she was having "spasms" when he left. Upon arrival, found the patient propped up in bed, complaining of severe headache. Age 16, corpulent and primipara. The attendant said she had had three convulsions, during which she had chewed her tongue to a jelly.

A thorough examination revealed no signs of labor, and she complained of nothing but severe headache. Another paroxysm came on before I had time to prescribe. A soft pine stick was placed between the teeth to prevent further injury of the tongue. Inhalation of chloroform was given, which stopped the convulsion, but she lay in a comatose condition for some time afterwards. It was evident that this was a well marked case of puer-

peral convulsions, beginning with labor. I had lately been reading a great deal in various medical journals about the power of veratrum vir. (in large doses), to control puerperal convulsions, and I put her on the following prescription: *R. Spec. tr. veratrum vir., ʒ ss; fl. ex. blue cohosh, black cohosh, āā ʒj. M. Sig.* Half teaspoonful every hour, till thorough emesis. She had no more till about four hours had elapsed; after vomiting, the convulsions returned with increased violence.

My partner, Dr. I., was then called in. Labor had commenced now, and we did not wish to check it by giving morphia. Numerous remedies were given, with little or no effect, the paroxysms following each other at intervals of about fifteen minutes. After passing off, the patient lay in a comatose condition, with stertorous breathing. It was now evident that a more heroic treatment must be resorted to, or she would soon perish. About one quart of blood was taken from the arm, and one-half grain of morphia given hypodermically. This stopped the convulsions, and about two o'clock that evening the child was born, or, rather, the woman was delivered of a putrified mass.

But after the effects of the morphia passed off, the convulsions returned with more violence than ever. Morphine and chloroform seemed to be the only remedies that would control them in the least.

Condition of patient on morning of second day: pulse small, and very frequent; flush face and hot skin, covered with sweat; right leg so hot could scarcely bear my hand on it; left leg perfectly cool; abdomen terribly swollen; coma, and stertorous breathing.

Death closed the scene at 6 P. M. that evening.

Now, Prof. Pitzer, was this case complicated with blood poisoning, or not; if so, what would have been the better plan of treatment? Is there any satisfactory treatment for puerperal convulsions?

[NOTE.—There was no blood poisoning. Half drachm doses of green root tincture of gelsemium, hypodermatically, would have been far preferable to the blood-letting, and the success might have been better. But these are grave cases, and the most experienced of us sometimes fail to save them.—EDITOR.]



**ART. XXXIV. — Suit for Malpractice. —** By J. W. JOHNSON,  
M. D., CHENEY, WASHINGTON TERRITORY.

I was called, Aug. 15th, 1883, at 2 o'clock A. M., to Mrs. M., aged 65 years, whom I found suffering with a compound fracture of the ankle, caused by a blow from a horse's foot; the tip of the external malleolus was broken, and crepitus easily produced by a finger inserted in the wound while holding the fibula with the other hand; the annular ligament was ruptured, and the external lateral ligament broken from its superior attachment, allowing a disarticulation of the external portion of the astragalus, while the sole and toes looked inward. The patient belonged to a low grade of society, and was living in a covered wagon, moving from place to place as her fancy dictated.

With the assistance of my partner, Dr. Whitney, the fractured malleolus was replaced, the wound brought together with sutures, a Fraser's splint applied, and bandaged. In the morning the patient was taken into a vacant house, and made as comfortable as circumstances would permit; neither persuasion nor command availed to induce her to have a nurse, she insisting that her son could render all necessary service. On making a visit the second morning we found the bandages loose and the foot displaced, because, as she said, it pained her. Striving to impress upon her understanding the necessity of the bandages remaining undisturbed, we dressed the ankle, and to insure a good repair we visited the case twice a day. The third day found the bandages and foot out of place, which resulted in a hasty leave-taking on my part after somewhat forcible expressions of righteous indignation. Dr. W. followed me with solicitations to return, to which I listened, and, returning, insisted that directions *must* be strictly followed if we continued to treat the limb; promises on her part induced us again to apply the splints, but the promises were unheeded, and on the fifth day we were obliged to change to an improvised splint, to which we believed the foot could be securely fastened. It consisted of a wooden inclined plane, extending from the popliteal space to the heel, where it connected with a foot-piece; a strong brace on each side extended from the middle of the foot-piece to the junction of the upper and middle third of the inclined plane.

This we fitted and fastened to the limb, and for a day or two all went nicely. The wound was sloughing some and was dressed through a trap door, but by the second night the bandage was taken off. Another item which added to our discomfort was the fact that while she refused to get a bed-pan, her son never assisted in attending to her physical demands; however, in the face of all difficulties, we strove towards a successful termination for eleven days, when we were given an angry discharge by a disgusted old woman with an unbandaged leg.

After thirty-six hours from the time we last dressed the limb, an allopath, Dr. G., was called, who, with a superficial examination (as he told us afterward), refused to take the case. Next day she, with the son, left the house, appearing, after eight days, at Spokane Falls, where Dr. M., an allopath, was called to treat the leg.

At the court session of April, 1884, we were summoned to defend a suit for malpractice, brought against us by Mrs. M., of the fractured malleolus, damages claimed \$6,000. Never having figured in court, we over-estimated justice as ground out by the mill-wheels of law, considered the oath as more than a form, and never had looked upon court proceedings as a farce, so prepared our defense carelessly.

The testimony of the plaintiff and son weighed lightly, but there came an array of surgical experts, all belonging to the "regular" fraternity, and all testifying that the injury was a Potts' fracture, and had been very unskillfully treated.

Dr. G. swore he made a *careful* examination, and found a Potts' fracture. Dr. M. told the jury that when he took the case (twenty-two days after the injury) he gave chloroform and *rebroke* the fibula. Dr. B. said he assisted in the operation, had never treated a case of Potts' fracture, but gave expert testimony that this was primarily a Potts' fracture and unskillfully treated.

We, considering our oath sacred, felt bound to testify that no Potts' fracture existed at our last dressing, and that the case was treated with more than ordinary care. This country being destitute of eclectic practitioners, we had no expert testimony, other than what we could give, but Dr. Burton (allopath, from a

neighboring town) came to us and offered his sympathy, saying if we were beaten he should not dare practice, as anyone would be in danger of having such suits brought against them, and the treatment would undoubtedly have been successful had the nursing been of proper order. We asked if he would testify to that. He said, "gladly." So we called him as an expert, with the result that on the stand he testified exactly the reverse, and did us more harm than all the rest.

The trial consumed four days, the jury, after being out twenty-seven hours, came in without a verdict.

At present the limb presents features of a poorly treated Potts' fracture, the toes being everted and the internal malleolus deformed. The wound is healed, and considering the unfavorable circumstances, and the fact that the limb has been the seat of erysipelas and is now marked with varicose veins, it is in as satisfactory a condition as can be expected.

Now I dislike very much to find fault with my neighbors, but the erudite Dr. M. should have noted the fact that the definitive callus does not ossify in twenty-two days after a fracture, especially in a person of sixty-five years, with bones in apposition only for short periods at a time; and however gratifying it is for him to make Potts' fractures, the process and sequel are unpleasant to the victim, while his recklessness and ignorance are expressly distasteful to the surgeon who has to bear the burden under the law.

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**ART. XXXV.—Insanity, and its Relation to Crime.—By J. D. BACON, B. L., TROY, IND.**

In the April number, 1883, of his journal, is a short article on the above entitled subject, in which the writer promises a second article in continuation of the same; but owing to a pressure of other business, I have neglected to do the same, but I now seat myself to redeem that promise.

I was recently a medical witness in two cases in which insanity was plead as an excuse for crimes committed.

From my notes taken on and after the examination, I select a few of the most important questions and answers. The exami-

nation lasting something over three hours, to give anything like a full report would extend this article beyond the length of an ordinary article for the JOURNAL.

I shall confine myself to case No. 1, asking space on some future occasion for an article on case No. 2, and some legal and moral reflections on the same.

Case No. 1 relates to a young man of good moral character and family history, who, several years prior to his arrest and trial, had received a severe blow on the head from a falling limb, producing concussion of the brain, and a fracture and fissure of the skull. After this injury he had occasional spasms and strong mental and moral depressions and exaltations, saying and doing many things not in keeping and harmony with his previous good character and history, these paroxysms being periodically annually.

During one of these paroxysms he left home, went to a neighboring town, engaged in alcoholic drinks, and for some eccentricity was knocked down in a bar-room. Pursuing his flight he stopped with an inn-keeper, from whom without leave or knowledge he took a horse and buggy, drove some twenty miles, where he offered the property for sale as his own; his conduct arousing suspicion he was arrested, thrown in jail. The grand jury found a bill against him for grand larceny, and at the next term of the circuit court he was put on trial for the same.

The event caused his family and friends much trouble; able counsel was employed to defend him.

Plea.—Temporary insanity from traumatic delirium.

On the first trial the jury failed to agree on a verdict; on the second trial I was a witness, and the jury brought in a verdict for acquittal.

Direct examination for the defense—

“What is your occupation?”

“A practicing physician.”

“How long have you practiced your profession?”

“Twenty-five years.”

“What is traumatic delirium?”

“A delirium from wounds and surgical operations.”

“What is insanity?”

"Insanity is an unsound and deranged state of the functions of the mind."

"What are its chief types?"

"Mania, monomania, dementia."

"What function of the mind is mostly deranged in insanity?"

"The imaginations."

"What are the chief causes of insanity?"

"They are physical and moral."

"Enumerate some of the chief physical causes?"

"The chief physical causes are injuries to the head from falls and blows, exposure to the extremes of heat and cold, suppressed lochial and hemorrhoidal discharges, repelled eruptions of the skin, metastasis of rheumatism, gout and syphilis; excessive alcoholic stimulants, opium, excessive venery and masturbation. It is also hereditary from parent to child."

"Enumerate some of the moral causes of insanity?"

"These are violent emotions, religious enthusiasm, over-exertion of the mind, and long and protracted study on one particular subject, disappointed love, and ambition, jealousy, protracted grief."

"Enumerate some of the effects upon the mind from severe blows to the head?"

"These are primary and secondary, and depend upon the degree of the force and the health of the individual. Concussion of the brain is one of the primary effects; and if there is fracture, there may be compression also. In concussion, the patient is comatose and insensible, with a cold skin and a small pulse; if there is fracture with depression, there is complete insensibility, stertorous breathing, labored pulse, insensibility of the eye to light, relaxed limbs, etc."

"These affects are principally primary, are they not?"

"Yes, sir."

"Enumerate, as definitely as you can, some of the secondary effects upon the mind of blows and fractures to the head?"

"The brain is the organ through which the mind performs the chief volitions of its functions; whatever injures the brain, or the nervous structure going to and from the brain, the elements of the mind are deranged in a corresponding degree to the brain and

nervous structure injured. The science of what portion of brain-structure is the seat of the intellectual or moral sentiments is yet in its infancy. From a blow or other injury to the head, the brain may be affected throughout its whole extent, or in isolated parts alone; injury to *either* lateral lobe, with fever and inflammation, may give rise to paralysis of the lower extremities of either side, inflammation of the medullary structure to convulsions, inflammation of the cortical structure to mania of the arachnoid, and pia mater to delirium, and effusion within the ventricles to dementia. Epilepsy, paralysis and insanity are among the secondary effects from blows upon the head; insanity is an unsound and deranged mind, and the epileptic is sure of a gradual derangement and downfall of the mind."

"There is then a chronic and diseased state of the mind liable to become deranged and insane at any time, as a sequence from such injuries?"

"Yes, sir; there exists in such individual a diseased pathological state, chronic in its nature, and from exciting causes liable to totally unbalance the mind, or induce a paroxysm explosive and dangerous in character, which would have no effect upon an individual whose brain was healthy and sound."

"From your knowledge and history of this case, what is your diagnosis?"

"The case has been of too long standing for one of traumatic delirium; following the concussion and fracture. Epilepsy following epilepsy is annually a certain deranged state of mind. His case is evidently that of epileptic mania."

"Please enumerate some prominent features and symptoms of this disease."

"The character of such patients undergoes a gradual change; the mental faculties become clouded, and there are blank periods in the function of memory; the temper becomes irritable and gloomy and suspicious, alternating with an exalted state of the nervous system, in which the intellect may become unusually vivacious, but the moral sentiments are usually depraved; refined ladies often say and do many bright and witty things, often of an obscene character. Some act the circus clown admirably, others have a certain deranged kleptomania to take property not their

own, believing them to be their own, or that some superior power has given them authority to take and use them as their own. During a paroxysm the patient has an intense desire to say and do something out of his ordinary self, and is unable to check his desires and impulses. These paroxysms may be weekly, monthly and quarterly, or yearly; they may be slight at first, so that a stranger would scarcely notice anything out of the ordinary life, and they may grow, unless checked and cured, into paroxysms of the most dangerous and explosive character, resulting in homicide or suicide; and a very strong symptom is their entire forgetfulness of all said and done during the entire transaction."

"Hypothetically, if an individual of good family history and good moral character, having sustained a brain injury and fracture, having had epilepsy and having strong mental alternations, wandering from home, indulging in alcoholic drinks, and does deeds not in keeping with his general good character and out of his ordinary life, would you *pronounce* such an *individual* sane or insane?"

"I should certainly pronounce such an individual insane, and so unsound and deranged in mind as not to be legally or morally responsible for anything they said or did. A strong feature connected with those paroxysms, which I forgot to mention, is an intense desire for such patients to aimlessly wander about without any apparent object in view. Often enduring great heat and cold and hunger, without apparently much physical suffering therefrom, but after a few nights of good, sound, refreshing sleep, come around to their *normal* state again."

Cross-examined.

"Are you a graduate in medicine?"

"Yes, sir; twenty-five years ago I had the degree of doctor of medicine conferred on me, but the measure of knowledge is infinite; no matter how high we ascend the mountain of knowledge, there are others who still occupy a higher degree of position and eminence above us; and above all are still unfolded pages the tallest angels have never read. Diplomas are of little value except as letters of introduction and recommendations among strangers; but knowledge incorporated in the soul, a regenerated

mind, expanding and growing mental and moral faculties, is of inestimable value to the individual, and to the community."

"To what school of medicine do you belong?"

"I belong to the grand school of nature, God and truth; the universe of mind and matter is before me, and I utilize all knowledge available to me in the science and art of healing distresses. The science of medicine has been thousand of years in attaining its present high state of usefulness, and what are called schools in medicine only represent the state of men's minds and the degree of knowledge which they have arrived at. The grand old growing-tree of medicine is a unit, and the sectarian only represents a fraction of her strength; the mind of the sectarian has not been fully regenerated; it has not yet been illuminated with a full degree of a knowledge of the truth that takes it all in. The members of the medical profession, so far as I am able to judge, and see their state and history, are pretty evenly divided into what I term the bourbon and the evolutionist. The bourbon clings to the ideas, the sayings and doings of his fathers; he cannot sufficiently overcome the prejudices and passions of his mind to investigate and analyze any of the elements of new ideas. The evolutionist, however, believes in the birth, growth and progress of ideas; the increase, growth and expansion of mind; he is quickened by the elements of truth and the inspiration of a new life; he does not crystallize, but he bursts the environments that surround him, and with the keen Damascus blade of truth divides himself from every chain of superstition, ignorance and slavery, that our ancestors seek to fasten upon us. He stands erect on the mountain top of freedom and knowledge. Overcoming his own passions and prejudices, he is his own *master*, and the *master* and educator of the world. To this *centre* and *head*, good men of all schools approximate."

Case No. 2 relates to a soldier, who during the late war sustained from a bursting shell a stellate fracture of the skull, since which time he has had epilepsy and occasional mania, who during a paroxysm cut and stabbed a saloonist.

The medical, legal and moral ethics which relate to such cases are of the deepest interest to society, for there walks amongst us no more dangerous element than the man or indi-



vidual who most of his time is apparently sane, but yet there exists a diseased pathological state from exciting causes, he or they are liable to the most explosive mania, endangering their own lives, or that of some member of society.

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**ART. XXXVI.—Direct Medication.—By GEO. C. PITZER, M. D.**

[CONTINUED FROM MAY JOURNAL, 1884, PAGE 213.]

*Dioscorea*.—The common names of this drug are wild yam and colic-root. We may use it in the form of infusion, specific tincture, normal tincture, after Merrell's formula, or in concentrated form—dioscorin. Our experience with this drug warrants us in saying that in all cases an infusion of the recently dried root—half an ounce of the bruised root to boiling water ten fluid ounces, steep for a few minutes, and commence giving in tablespoonful doses, is the very best preparation of this drug we can use; and this is especially so when we want immediate and satisfactory results. Specific and normal tinctures will, in many cases, do all that could be expected, and they are quite reliable—next best to the infusion. The dioscorin has not given us good satisfaction. We give the tinctures named in doses of ten to thirty drops, mixed with hot water, and repeat every twenty, thirty or forty minutes, as required.

The place for this drug is in painful bowel affections, especially bilious colic. It will give immediate and permanent relief in many cases, but will not cure, or even benefit some cases of bilious colic. It seems to relieve painful intestinal diseases by virtue of its soothing influence upon mucous surfaces, and by relaxing spasmodic conditions. It is even wonderful to witness the complete relief following its use in violent cases of bilious colic. The patient is deathly sick at the stomach, retches, ejects acid bilious matter, suffers from excruciating pains in the abdomen, which come on in paroxysms, bowels obstinately constipated, and a condition of great distress apparent to every-body. Now, a few doses of dioscorea and the patient ceases to retch, pain is moderated and finally quits, the bowels are inclined to move, and the patient is soon well.

Dioscorea will do all this in many cases; but, as already

stated, it will fail sometimes. But we have found that where it fails to give the temporary relief so much desired, it will yet do very much good in overcoming the local intestinal irritation, and finally hasten the cure. And where people are subject to bilious colic, and can tell us about when they expect an attack, we can nearly always prevent them by giving the following prescription: *R.* Specific or normal tinct. dioscorea,  $\mathfrak{z}$  j; fl. ext. cascara sagrada,  $\mathfrak{z}$  ss; fl. ext. apocynum can.,  $\mathfrak{z}$  ij; fl. ext. wahoo,  $\mathfrak{z}$  ij; neutralizing cordial,  $\mathfrak{z}$  ij. *M. S.* One teaspoonful three to five times daily—just often enough to keep the bowels open. This is an excellent preventive of biliousness, and it is especially useful in preventing that perversion of secretion which always obtains in cases of bilious colic.

*Ergot.*—In its action, ergot is one of the most positive drugs we handle. We always use the very best fluid extract we can obtain. The normal liquid ergot of Parke, Davis & Co., and the liquor secalis purificatus of Wm. S. Merrell Chemical Co., are both reliable preparations, and can be used by the mouth or hypodermatically. Richardson & Co., of this city, make a fine preparation of ergot, and of late there seems to be an extraordinary effort on the part of different pharmacists to furnish an extra good preparation of ergot.

Of the preparations mentioned, the dose ranges from one drop to one drachm, according to the nature of the case and the effect desired. In cases of dizziness, ringing in the ears, tendency to vertigo, headache and melancholy: *R.* Fluid ext. ergot (any of the above preparations),  $\mathfrak{z}$  j; water,  $\mathfrak{z}$  jv. *M. S.* One teaspoonful every three hours. This will frequently give speedy relief in such cases.

Ergot, given in moderate quantities, improves the nutrition of the generative organs in male and female, and invigorates their functions. Sexual desires grow stronger under its influence, and conditions approaching impotency in either sex are frequently averted by its timely and judicious use. In such cases it is well to use it in combination with other appropriate drugs. For example: *R.* Fluid ext. ergot,  $\mathfrak{z}$  ss; fl. ext. erythroxylon coca,  $\mathfrak{z}$  j; water,  $\mathfrak{z}$  ijss. *M. S.* One teaspoonful four times daily. In cases of women: *R.* Fluid ext. ergot,  $\mathfrak{z}$  ss; fluid ext. macrotys,

fluid ext. senecio gracil.,  $\bar{a}\bar{a}$   $\bar{3}$  j; syr. simplex,  $\bar{3}$  iij. M. S. One teaspoonful four times daily.

Where there is evidence of impairment of the spinal cord, as in cases of seminal weakness resulting from masturbation or sexual excesses, accompanied by all the distressing symptoms so often witnessed in such cases, ergot is a first-class remedy. We may use it alone or combine it with other drugs. In such cases we frequently employ a combination like this: R. Fluid ext. ergot,  $\bar{3}$  ss; tinct. strychnia comp.,  $\bar{3}$  ij; fluid ext. erythroxylon coca,  $\bar{3}$  j; water, q. s. to make a four ounce mixture. S. One teaspoonful four times daily. This prescription meets the indication in many cases of sexual weakness, and in connection with electricity, properly applied, many lingering or long standing cases may be entirely restored to their original vigor. Under the influence of these remedies there is not merely a temporary stimulation, but the nutrition of the spinal cord is gradually but certainly improved, and natural functions are as surely restored.

Ergot is an excellent remedy in prostatorrhœa, and in cases of enlarged prostate. Here we combine it with staphysagria: R. Fluid ext. ergot,  $\bar{3}$  ss; tinct. staphysagria,  $\bar{3}$  j; water,  $\bar{3}$  iijss. M. S. One teaspoonful four times a day.

Regarding the use of ergot in diseases of women, it is certainly of inestimable value. Its continued use, in small doses—two drachms to water four ounces, a teaspoonful four times daily—will frequently check the growth and sometimes disperse fibroid tumors of the uterus; and in combination with macrotys, there is no remedy so successful in the treatment of sub-involution and chronic inflammation and enlargement of the womb. In these cases we prescribe: R. Fluid ext. ergot, fluid ext. macrotys,  $\bar{a}\bar{a}$   $\bar{3}$  ij; simple elixir,  $\bar{3}$  iijss. M. S. One teaspoonful every three hours. Prolapsus frequently depends upon enlargement, the great weight of the organ dragging it down and out of place. Here the above prescription is appropriate and curative.

In menorrhagia, ergot is one of our best remedies: R. Fluid ext. ergot,  $\bar{3}$  ss; fluid ext. mango bark,  $\bar{3}$  j; syr. simplex, water,  $\bar{a}\bar{a}$  q. s. to make a four ounce mixture. S. One teaspoonful every three to six hours. In violent cases of uterine

hemorrhage, after abortions, miscarriages, or natural deliveries: *R.* Fluid ext. ergot, fluid ext. mango bark,  $\bar{a}\bar{a}$   $\bar{3}$  j. *M. S.* One teaspoonful every half hour till there is some improvement, or till three doses are taken. After this the prescription for ordinary menorrhagia will be strong enough, and may be given at intervals of one, two, four or six hours till the hemorrhage ceases. In lingering cases it is sometimes of advantage to alternate these prescriptions with hamamelis, or combine hamamelis with them.

Some physicians employ ergot in cases of hæmoptysis, hæmaturia, and intestinal hemorrhage, but we think we have more effective remedies for these troubles. For instance, lycopus and hamamelis for hæmoptysis, gallic acid for renal hemorrhage, and charcoal, logwood and erigeron for intestinal hemorrhage.

In cases of suppressed menses, ergot is frequently of service. By virtue of its direct stimulating influence upon the organs at fault, it helps in restoring healthy function. We frequently order this prescription, where the menses have been stopped by exposure to cold, or where they do not appear at the proper time: *R.* Fluid ext. ergot, fluid ext. water pepper,  $\bar{a}\bar{a}$   $\bar{3}$  ij; syr. simplex,  $\bar{3}$  jss. *M. S.* Commence at noon, and take one teaspoonful every hour till bed-time, taking a hot foot-bath upon retiring. If the menses do not appear the following day, repeat the treatment in the same manner. Should this not start or establish the function, then we put the patient upon the following prescription during the interval: *R.* Fluid ext. ergot, fluid ext. macrotys,  $\bar{a}\bar{a}$   $\bar{3}$  ss; syr. simplex,  $\bar{3}$  iij. *M. S.* One teaspoonful three times daily. At the proper time for the menstrual period, stop this prescription and use the ergot and water pepper prescription again for two days, ordering a hot foot-bath and liberal quantities of celery root tea at bed-time.

In obstetric practice we use ergot to excite uterine contractions in lingering cases, and to strengthen the expulsive efforts when there is inertia. In these cases ergot should be used very cautiously, for if we give too much ergot in the first stages of labor, great harm may result to both mother and child. We avoid its use in labor as much as possible, but where we want to invigorate a little, at any stage of labor, we administer small

doses of ergot, frequently repeated, and watch the effect: R. Fluid ext. ergot, ʒj; water, ʒij. M. S. One teaspoonful every fifteen minutes. This is quite sufficient so far as relates to quantity. But if the labor is in the last stage, all the parts well dilated, and a few vigorous contractions only required to complete the labor, then one full teaspoonful of good fluid extract of ergot should be given at once.

[TO BE CONTINUED.]

**ART. XXXVII.—Short Biography of the Life and Death of Dr. Wm. A. Lowrance.**—BY WM. STIENRAUF, M. D., NOKOMIS, ILLS.

Although it is many months ago that the subject of this sketch has passed away, I shall, with the kind permission of the editor, try and give a few points of his earthly career. Having waited diligently for some one else to pen a few appropriate remarks of his life, I herewith give what I have been able to learn of his history. I am indebted to the deceased wife's cousin, Dr. S. S. Lowrance, of Lebanon, Mo., for my information.

Wm. Alexander Lowrance was born June 27th, 1845, in Wright Co., Mo. In his early youth he was noted for his quick observation and inquisitive disposition of mind. At school he studied hard, and advanced rapidly. Whatever he undertook, it was the aim of his life to excel.

At the age of eighteen years he joined the Union army as a private soldier. He made many ardent friends in the army, and served till the close of the war in 1865. He contracted measles in the military service in 1864; camp diarrhœa and dysentery, also pneumonia in 1865. He never fully recovered from the disability produced by each of these diseases.

He was married to Miss Elizabeth Coffman in 1866. Miss Coffman was a beautiful, intelligent and highly respectable young lady. In his early education he was greatly delighted with "Calvin Cutter's Physiology and Hygiene," and resolved to study medicine. He studied medicine at home and alone till 1872. At this time he moved with his wife and three children to Oregon Co., Mo., where he began to practice his chosen profession. From here he moved to Christian Co., and settled in Lawrence

Co. in 1876. Two years later he left his office and family, to attend the lectures at the American Medical College, at St. Louis, Mo. He graduated here with high honors in the spring of 1879. And it was here where we made his acquaintance. His amiableness of character soon endeared him to professors and students alike. Ever ready to do a favor for a fellow-student, always punctual at lectures, and in all transactions honorable and upright, it could not be otherwise.

Shortly after he graduated he moved to Golden City, Mo., where he remained till about June 20th, 1883. Here he gained a large and lucrative practice, and stood at the head of the profession.

Being confident that disease and exposure in the military service had caused confirmed tuberculosis, which was now in the last stage, and would soon end his mortal life, he returned with his family to his father's house, in Laclede County. In accordance with his request, his last birthday was celebrated by giving a public dinner. The day was well observed, and the intense and profound emotion felt by those present appeared to be visible in every thing.

He was a bright and zealous member of the Order of Free Masons, from whom he received assistance and great respect fraternally.

Wm. Alexander Lowrance, M. D., died at his father's residence in Laclede County, Mo., on the 8th day of August, 1883. Age 38 years, 1 month and 12 days. He leaves a weeping, faithful wife and six tender children to mourn their loss. *Requiescat in pace.*

May 17, 1884.

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**ART. XXXVIII.—Original Physiology of the Heart.—By DR. E. SUTTON, CORA, KANS.**

It seems that the physiology of the heart, viz: the cause of the beat of the heart, and the origin of animal heat, thus far, is as obscure from our popular physiologists as is the North Pole to our navigators on the high seas. It is the intention of the writer of this article to make this an illustrative supplement to a former item on the subject in the *Kansas Medical Journal*. In

my effort to establish what I know to be a fact I hope my readers will not require of me more philosophical evidence than has been necessary to establish principles of a similar character.

I will first take the position that the heart-beat is caused by an electric shock. Secondly, that the blood is the principal conductor of animal electricity. Thirdly, that this electricity is received by the blood in the lungs from a property in the air, known as oxygen. Now, to illustrate: Any electric battery of sufficient power to operate a telegraph wire will be able to answer our purpose. Let a man, when the battery is in operation, take hold of each electrode with each hand, naked, and he will experience an instant contraction of the muscles of his forearms. This contraction will continue until the conductor is detached or the battery ceases to operate, but when the electric current is disconnected the muscles instantly relax, and the instant the current is re-established the muscles again contract.

If the person operated upon can produce a stronger current of electricity from the brain on the muscle than the battery is producing he can let go of the electrodes at will, but if the current from the battery is stronger than the brain can produce the person finds himself incapable of letting go of the electrodes. Now let us follow the electric current in the blood. Now let us observe what occurs in this marvelous fountain of life as the blood descends down the pulmonary veins, and is received by the left auricle of the heart, passes through the mitral valve, and is received by the left ventricle. Now, while the arterial blood is thus admitted in the left side of the septum, the venous blood, that has traversed the general system, is received by the right auricle and passed through the tricuspid valves, and received by the right ventricle at the same instant that the arterial blood descends into the left ventricle.

The very instant the newly received blood connects with the blood in the heart we see the same result and power exerted upon the heart that we see on the muscles of the forearm when the conductor is connected with the battery. Now, have the heart contracted by the electric shock. The quantity of blood that was received through the mitral and tricuspid valves has been expelled through the semilunar valves. As soon as this is

perfected, the tricuspid and mitral valves completely disconnect the current, allowing the heart to relax, but as soon as the heart relaxes another volume of blood descends and reconnects the currents, causing the same result as before. Now let us notice an item of pathology, known as pathology of the heart or palpitation of the heart. We find two common species of this malady. One species of this palpitation is caused by two instantaneous shocks by the blood and the brain, thus producing sufficient heat to crisp the valves of the heart, and causes a continual habit of missing every fourth, sixth or tenth beat.

Another common cause is an abnormal circulation in the capillaries, causing the flow of blood to the heart to be irregular. The result is the heart cannot receive its shock, until it receives a sufficient volume of blood to form a connection of the blood. Any intelligent medical practitioner knows that the vital force depends upon the properties in the blood.

I wish my readers to remember that there is no property in the *Materia Medica* of the world, except electricity, that is capable of contracting a muscle in quick succession without injury to the fibres of the muscle.

Another fact I wish my readers to notice is that the heart is the only muscle that arteries or veins bring the blood in contact with in the body. The pneumogastric nerves, we are told, are life-generators, and act as mediators between the medulla oblongata and the heart, and convey instructive dictations from the brain to the heart. As we are told, the brain sends an influence through the motor nerves to all the muscles, causing contractions of the muscles which the mind wishes to be contracted to cause motion and power in that part of the body. Yes, those muscles are influenced by the same power by which a telegraph operator influences the other end of his telegraph wire.

I admit the pneumogastric nerves have a very important function to perpetuate animal life. But the view I take of the function of these nerves is this: Those nerves form an induced current of electricity, which supplies the brain with electricity from the fresh vital current from the lungs to the heart; thus the spiritual individual is perpetually fed upon electricity, while the body is fed upon food, per stomach.



I think the individuality of man, or other animals, resembles the properties upon which they subsist, as the properties of the physical body resemble the material or food upon which it subsists. Now, I will let the cause of the heart-beat rest with my readers at present, and we will turn our attention to animal heat and how its uniformity is maintained in different temperatures.

In order to investigate and illustrate the origin of animal heat we must return to the fountain of life (the heart). Doubtless all intelligent readers of this article will admit that there is an electric current in the blood. Now to illustrate: We will select a battery of sufficient power to operate a telegraph wire, and we will take a piece of telegraph wire of any length. Now connect one end of the wire to the negative pole of the battery, then take a file and file the wire as near off as you can, without completely cutting it off; now confine gunpowder on the wire where it was filed—you may make as many such places as you wish in the wire—then let your wire be supported by hard rubber on glass. Now connect the other end of the wire to the positive pole and set the battery in motion, and the powder will ignite and explode. This proves that a condensed current of electricity will generate heat sufficient to burn.

Now let us notice the anatomy of the heart as a heat generator. We find the mitral valves constructed of a membranous sheet of nerves of a cone shape, with many apparently lacerated places at the lower end, and terminating in cords of irregular size, which are attached to many places in the lower part of the left ventricle; and, besides those cords described, there are many other cords attached at each end to slight muscular protrusions from the septums and walls of the ventricle. The right ventricle is a *fac simile* of the left, except it is supplied one more valve, making three, which are called the tricuspid valves. Those valves I call heaters; and, as the left ventricle deals entirely with arterial blood, it needs but two, and the right ventricle, which deals entirely with venous blood, needs three. We know that after the blood has passed through the general circulation it is loaded with carbon and has exhausted most of its oxygen, and requires more heat to enable it to pass through the capillaries of the lungs to reach the air-cells. Now observe the simi-

larity of those nerves in the heart to the filed wire. Their small places condense the current, that shocks the heart, and thus heats the blood in the ventricles.

Now the first item of evidence I will present is this: For every ten beats of the heart above the normal beat there will be one degree of abnormal heat generated. And for every ten beats of the heart below normal the temperature of the body will fall one degree below the normal. Again, compress the main artery of a limb, so as to completely stop the blood from proceeding farther than your obstruction, and the limb will become cold almost as soon as it would if the head had been completely severed from the body, thus proving that the blood distributes the heat throughout the whole body. The uniformity of animal heat is maintained, first, by blood; secondly, by raiment; thirdly, by exercise. Oily food supplies the blood with properties capable of conducting more animal electricity than vegetable food. Some may ask how oily food assists in the maintenance of animal heat. For their benefit I will make the following illustration: Take a long bottle that will contain an ounce, cover the bottle with beeswax, then remove a small spot in the center, fill the hole in the wax with fluoric acid, let it remain until it cuts a hole in the glass. Insert one pole of a galvanic battery through the hole in the bottle. Seal around the pole tightly with wax. Now fill the bottle nearly full of warm arterial blood, taken from a person in the habit of using oily food. Now insert a thermometer and the other pole of the battery into the neck of the bottle. Seal tightly. Now operate the battery briskly, keeping the bottle in air not below 90°, and mark the registration of the thermometer. Now remove the blood, and fill again with blood from a person of reverse habits, and the thermometer will register a lower temperature than in the first, thus proving that oily food increases the conducting properties of the red corpuscles in the blood. The electric current, which is increased or diminished as above described, is condensed while passing from one red corpuscle to another, thus heating the fluids of the blood at each beat of the heart.

Clothing protects the body from the cold, and prevents the escape of a portion of animal heat. Exercise increases the circu-

lation of the blood and other fluids of the body, thus increasing temperature. The following method of electrifying a newspaper is a good illustration of the difference between animal and mineral electricity: Take a page of a newspaper, hold it to the fire until it is perfectly dry and warm. Lay it on the knee, and rub it briskly with the hand till it has a tendency to stick to the knee. Then it will pick up and hold small bits of paper, hair or feathers with as much alacrity as a steel magnet will pick up pins and needles; or the paper itself will be attached by the hand, as a compass needle by a magnet. The activity of the above illustration depends upon the amount of animal electricity possessed by the operator. Dextro-quinine can be highly electrified by placing it in close proximity to Rochelle salts, but this electricity has as much affinity for steel as paper. This is what I call compound electricity, being generated from both mineral and vegetable properties, giving it an affinity for the animal, vegetable and mineral kingdom.

Among the best conductors of animal electricity are found some of the best non-conductors of mineral or cold electricity, to-wit: hard rubber, amber, hair or silk. These are good conductors of animal electricity, which pervades the animal and also the vegetable kingdom, while there are other properties that are active conductors of both, to wit: red corpuscles of the blood, cotton, and fibres of muscles and nerves. While water is an active conductor of mineral or cold electricity, it is a non-conductor of animal electricity. Now, to illustrate, take a piece of hard rubber or amber, rub it briskly upon cloth or something that will compress oxygen enough to produce heat, and it will pick up hairs or pieces of dry newspaper with the same alacrity that a magnet will pick up pins or needles or hairs, will pick up bits of paper, or pick up each other. Thus we see a harmony of principle and diversity of properties in electricity, according to the material it inhabits.

Any reader who finds any inconsistency in the *modus operandi* will confer a favor upon the writer by designating the same to him.

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Send for Announcement of the American Medical College.

ABSTRACTS.

**Analyses of Beef Peptonoids.**—REPORT ON BEEF PEPTONIDS.—  
 BY PROF. ATFIELD, F. R. S., F. I. C., &c., AUTHOR OF  
 "A MANUAL ON CHEMISTRY, GENERAL, MEDICAL AND  
 PHARMACEUTICAL."

The chemical examination to which I have submitted your Beef Peptonoids yields the following results in 100 parts:

Albumenoids (containing nitrogen 10.94),	-	69.25
Fat,	- - - - -	10.71
Sugar, including a trace of starch,	- -	9.50
Phosphates, equal to bone phosphate,	- -	3.01
Other mineral substances,	- - -	2.61
Moisture,	- - - - -	4.92
		<hr/>
		100.00

The manufacturers of "Beef Peptonoids" state that this food is composed of dry lean of beef, one third; the solids of milk, minus most of the fat, one-third; the gluten of wheat, one-third; the beef being partially digested, or "peptonized." My analysis fully supports this statement; for I find present between 69 and 70 per cent. of albumenoids, that is, flesh-forming material (nitrogen, 10.94); more than 20 per cent. of warmth-producing substance, nearly half of which is milk sugar, and rather more than half fat; 3 per cent. of bone-forming phosphates; about 2 per cent. of other normal mineral matter, and about 5 per cent. of moisture.

A sample of the constituent gluten submitted to me was practically pure, containing a mere trace of starch. Rather more than one-fourth of the albumenoids, probably the "peptonized" portion, was soluble; while practically the whole of the "Beef Peptonoids" was readily soluble in peptonizing fluids, showing that it is easily and wholly digested when taken into the stomach. The flavor and odor of the preparation are excellent; its thorough state of dryness fits it for keeping any length of time in any climate. It is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, con-

taining nearly 70 per cent. of truly nutritive nitrogenous material, partially peptonized, has never before, to my knowledge, been offered to the medical profession or to the public.

LONDON, November 18, 1883.

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**Renal Calculus.**—BY THOS. M. JORDAN, M. D., HOOKERTOWN, N. C.

Mr. D. V. D., æt. 27, of bilious temperament, began to complain of dull aching pain in the lumbar region in June, 1883. Being hard worked mentally, and of a very sedentary habit, I attached little importance to his frequent, yea, almost constant complaints, till in October, when he was taken down with nephritic colic. This was relieved in the usual way with morphia hypodermically, etc. Contrary to the rule in a majority of these cases, the attacks recurred again and again. Confirmed then in the opinion that I had an impacted, or, at least, a calculus in the kidney to deal with, I gave him all the usually prescribed remedies for the solution of the stone. But my hopes were blighted every time, till in January, 1884, I concluded to order lithiated hydrangea (Lambert & Co.). I prescribed it in drachm doses four times a day. The patient, who, by the way, is a student of medicine and very intelligent, expressed himself in a few days as feeling better. He had only one attack of colic during the time he took the first bottle, and when he had used the second bottle he had a very light attack, in which he passed a skeleton-stone, *i. e.*, a mere shell. He is still using the medicine, but has had no return, and to all appearances is well. I have used the hydrangea in only one case of cystic disease outside that reported above, but with favorable results.—*Philadelphia Med. and Surg. Reporter.*

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**Tongaline.**

Dr. A. H. Moss, of Lake Charles, La., states: "Many have become victims to the use of opium and morphine from the administration of these drugs for the relief of neuralgia.

It is very gratifying to observe that such dangerous consequences may be arrested by the use of Tongaline—which is almost a specific in the acute forms of that complaint."

## *EDITORIAL.*

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### **The Real Value of Medical Consultations.**

There is a great deal said now-a-days about medical consultations, and it is a common saying that in a multitude of counsel there is safety. This may be true enough in ordinary business affairs, but our observation warrants us in affirming that, as a general thing, medical consultations the way they are too frequently conducted are first-class farces. One good doctor who has a mind of his own, and has the confidence and full control of his patient, is, in most cases, better than three or four. It is true that emergencies may arise where more than one physician is required, and where two or three may do good service, and where they actually do render valuable aid; but, ordinarily, consultations are not what they should be, not profitable to anybody—except the doctors. We do not object to counsel, if people want it, and we are always willing to consult with any gentlemanly, well educated physician, no matter of what school. If he happens to belong to a different school from ours, we are just as ready to consult with him, and like to have him express himself freely and unreservedly; then, if there is any benefit to be derived from a consultation, we are more likely to get it than if he makes a studied effort to indorse everything we have said and done.

When we are called in consultation with physicians of other schools, or even of our own school, we freely speak our mind, and if we think changes ought to be made in the treatment, we emphatically assert our convictions. This is the only true method of making consultations profitable. The foolish ethical practice of agreeing with everybody for courtesy's sake, especially in medical matters, where human life is involved, is a great humbug. But that this is a common practice, especially with the old, ethical, code-abiding school, we do know.

A very good illustration of this friendly ethical business was

furnished some time since in the following manner: The wife of one of our most influential and intelligent citizens was very sick. The family physician seemed to be doing all that could be reasonably expected of any physician, but the friends grew solicitous, which is not uncommon, and proposed counsel. In this the husband had but little confidence, for his observation had led him to believe that one physician would swear for another nearly every time, and that no good could come from calling another man. But nothing else would do, so he concluded to go for the consulting doctor himself. On the way, as he was bringing the counsel, he laid the case before him, and then, in a complaining manner, referred to the negative results of Dr. A.'s treatment.

"Well, what has Dr. A. done in the way of treatment?" said Dr. B.

"Why, he has blistered her spine, and——"

"*That's all right, all right,*" said Dr. B.

"And he has applied leeches, about a dozen, I think, over her stomach, and has thus drawn about a quart——"

"*That's all right, all right, I'm sure,*" said Dr. B.

"About a quart of blood," said the husband.

"*All right, all right,*" said Dr. B.

"And he blistered her breast, too, doctor."

"*Well, that's all right, and he could not have done better, so far as I can now see,*" replied Dr. B.

Finally they reached the patient's house, and there met Dr. A., the attending physician. After making a careful examination of the patient, Dr. A. and Dr. B., with the husband, retired.

"Well," says Dr. B., "from what I can learn, your treatment of this case, Dr. A., has been quite proper. You have blistered the spine, and——"

"*Who said I had blistered the spine?*" said Dr. A.

"Well, that's all right, and well for your patient that you did it in time, and the leeches over the stomach——"

"*Leeches over the stomach! who said anything about that?*" said Dr. A.

"The leeches, no doubt, drew out a great deal of bad blood; and the blister over the breast saved the lungs from fatal congestion," said Dr. B.

At this juncture Dr. A. became indignant, and asked for an explanation, as he positively denied having ever even thought about blistering the spine, leeching the stomach, or blistering the breast. Dr. B. turned to the husband, who had been present during the whole of the conversation, and said:

*"Mr. G., didn't you tell me that Dr. A. had blistered the spine, leeches the stomach and blistered the breast of this patient, your wife?"*

"Yes, sir; I did tell you that," said Mr. G.

*"Well; is it so?"* said Dr. B.

"Not a word of it," replied Mr. G.

*"Well, then, what in the h—ll did you tell me so for?"* said Dr. B.

Mr. G. replied: "Simply to demonstrate what I knew to be a fact, Dr. B., that you doctors will endorse each other for ethics' sake, no matter whether the patient is benefited or not; and in my own father's house I have seen this same thing proven more than once."

Now, we want our readers to understand that this is no far-fetched case, for we can stand the parties before you, if necessary. What foolishness! Let us endeavor to have all such nonsense done away with. If we must have counsel in serious cases, let us have men who have more courage and honesty than ethics, and who may possibly help us to relieve our patients—no matter about the school, so the man is there, and he has the experience and knowledge that will aid us. And when we are called in consultation, let us endeavor to render all the aid we can, regardless of what the opinions, treatment or school of practice of the former attendant had been. No quarrels necessary; only plain, honest dealing, free from a spirit of jealousy, that is all; and then every man's merit will be made useful. We call this an independent, sensible method of practice, and propose to pursue it and recommend it while we remain in the profession.

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### Removal of the Spleen.

On the 18th of May, Mrs. Thompson, of Texas, applied to us for advice about an abdominal tumor, from which she had



been suffering for about three years. In company with our Prof. Younkin, we made a careful examination of the case, and decided that it was a misplaced spleen instead of a tumor. As it was so low down in the abdomen, and interfered so much with her general health, we advised its removal. The consent of the patient was at once obtained, and on the 21st of May, at 3 P. M., Prof. Younkin, assisted by Drs. Pitzer, Merrell, Rowe, Rutledge, Steinrauf, and Dr. J. W. Matthews, the patient's brother, removed the spleen entire. At this writing the patient is doing well. Prof. Younkin will probably, in the next issue of this journal, furnish a full report of the case. That the operation was an uncommon one, and that it was dexterously and skillfully performed, we need hardly say. Regarding the final results, we shall hope for the best. Her temperature is only 99° F. to-day, May 25, and she is comfortable and quite cheerful.

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#### **The American Medical College.**

Because the American Medical College holds but one long session annually, instead of two short ones, Prof. Scudder, in his last issue, hints at the possible impotency of this institution, and seems to think our Annual Announcement "read queerly." We are exceedingly glad to be able to inform our dear friend that there are no signs of impotency over here. We know of but one way by which such a condition could possibly be brought about, and that would be for Prof. Scudder to castrate us. But he tried this practice long ago, and always failed—happened to get hold of the wrong string every time. Better practice on smaller subjects for a while.

All who are interested in medical education, and especially those who contemplate attending any medical college, are cordially invited to apply for a copy of our Annual Announcement, which will be sent promptly by mail. It contains a complete list of the graduates of this college from its organization to the present. Many of these men are making fine fortunes, nearly all of them are succeeding well, and their practice will compare favorably with that of any alumni in this country. College prospects were never more promising.

**W. B. Warner & Co.'s Liquid Pancreopepsine.**

We have been using this preparation for some time, and especially in cases where aid seemed to be required in the digestion of fatty and amylaceous substances, we have found it an excellent compound. It is made up of pepsin, pancreatine, lactic and muriatic acid, prepared in a scientific manner, and we heartily recommend it in all cases of feeble digestion where such remedies are needed. To increase the appetite, and aid in the appropriation of food and the nutrition of the system in cases of convalescence from lingering diseases, it is one of the finest medicines we have ever used.

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**An Independent Regular.**

We occasionally meet an independent among the old school ranks, and once in a great while find one among the homœopaths. Our local paper, the *Globe-Democrat*, saw proper to notice, editorially, a surgical operation recently performed in this city, and the operator, who is an old school physician in good standing, the next day furnished the following card, which was also published in the *Globe-Democrat*. It utters proper sentiments, and we reprint it.

TO THE EDITOR OF THE *Globe-Democrat*:—I wish to thank you for the very well written and decent description you published in to-day's issue of your esteemed paper about an operation for the removal of a cancer of the stomach. Matters of this kind brought before the public in a proper manner command a great deal of interest, and are of decided benefit to the profession at large. The great dailies in Europe, notably the London *Daily News*, the Vienna *Freie Press*, and the *Berliner Tagsblatt*, give accounts of the operations of Sir Henry Thompson, Billroth, Von Langenbeck, and of other progressive surgeons. In this country, where a large portion of the profession are yet held in ban by an absurd and ridiculous code of ethics, such publications have become to be looked upon as puffs for the respective operators. It is clear that this code of ethics is the cause of this unjust sentiment; for I can not imagine how an intelligent, educated gentleman can of his own accord deprive himself of the advantages to be gained through the medium of the press in the latter part of the nineteenth century, and that, too, under a form of government which insures individual liberty to its citizens, thereby making competition free in science as well as in business,

and giving assurance that each will be the maker of his own fortune. In former years a code of ethics may have been a necessity in our country. Since we Americans are no longer a half-civilized horde, and since at least half the members of our learned profession can spell correctly, and have a knowledge of more than one language—" *difficile est satiram non scribere* "—it has ceased to be of value. It is useless for the guidance of a gentleman, and worse than useless for others. At the highest state of their civilization the Athenians had no punishment prescribed by the penal code against a parricide. Such a crime was never even thought of! The lower a nation stands in morals the more stringent and extensive are its laws. It would appear, then, that the profession, as represented by the American National Medical Association, still feel the need of their very particular code of ethics, since they have not yet abolished it. What a testimony of poverty! The public want a physician who is guided by the dictates of science. Does any one want a leg amputated ethically?

It has recently transpired in the East that a very large number of the best educated members of our profession have declared themselves opposed to the code in its present form, or in favor of its total abolition. The handwriting is upon the wall, the code must go! The sooner the better, and good riddance!

Most respectfully,

ST. LOUIS, May 12, 1884.

DR. AUGUSTUS C. BERNAYS.

Ethics does not cure people; and if the old school would give more attention to the use of remedies and let the code die, they might have better success in practice.

### **Gelsemium Hypodermatically.**

Since our last issue we have had further experience with this drug, as follows: On April 29th was called to see Mrs. W., and when I reached the house I found that she had just been delivered of a male child. A midwife had been called in the emergency, and had left nothing for me to do. After leaving some orders I departed, promising to call the next day.

April 30th, found patient all right, and did not make arrangements for further attendance.

May 2nd, was called in great haste, and when I arrived at the house found the patient unconscious, and suffering from violent convulsions. She had been feeling badly for several hours, and for about two hours had been speechless. Pulse rather frequent

and hard, and temperature apparently elevated somewhat, but did not stop to use a thermometer. I immediately gave her green root tincture of gelsemium, half a drachm, hypodermatically, in the arm. Virtually, this was all I did. In ten minutes complete relaxation took place, she opened her eyes, complained of pain in the stomach, but rapidly improved and in ten days was able to sit up.

On May 16th was called at 11 A. M. to see this same patient, but being engaged, could not answer the call till 2 P. M. When I arrived I found the patient unconscious, in violent convulsions. The women present, as well as the doctor in attendance, who had been called in temporarily, were greatly excited, and prayed for me to do something, if possible, as these convulsions had been terrible, one immediately succeeding another since 11 A. M. I said to the doctor that I should give her gelsemium hypodermatically. He stood by, and saw me inject half a drachm of green root tincture of gelsemium in the left arm. In ten minutes the patient relaxed, opened her eyes, became conscious, had no more convulsions, and at this writing is doing well.

On May 11th was called in haste to see a Mrs. K. Found her suffering from some pain and tenderness in the womb; but she complained most bitterly of a violent headache. She kept her hands on the top of her head nearly all the time, and cried piteously. She would frequently go into an unconscious state, when her hands and feet would cramp, and her legs and arms become flexed. I at once gave her half a drachm of green root tincture of gelsemium, hypodermatically. In ten minutes she was comparatively comfortable, had no more cramps, headache nearly gone, and slept quite well all night.

I saw her next morning, and a little macrotys, viburnum compound and gelsemium, given by the mouth, finally relieved the congestion of the uterus, and a good recovery resulted.

We conclude that gelsemium is a valuable drug for hypodermatic use.

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#### **Personal Notes and Local News.**

—G. P. Putnam's Sons, 27 & 29 West Twenty-third street,

New York City, would like to enter into correspondence with any under-graduates of the American Medical College whose time is not yet entirely occupied with their professional work, and to whom the earning of a few dollars in the way of commissions might prove desirable. Our students might do well to address them. They are reliable and enterprising.

—T. Arthur Wright, M. D., of Americus, Kans., is forty-three years old. His numerous friends gave him a surprise party on the evening of his birthday, May 12th, the doctor having no intimation of the gathering until late in the evening. A beautiful gold-headed cane was presented the doctor, in a neat little speech by Mr. L. A. Wood, as a token of regard and esteem on the part of the citizens and friends of Dr. Wright, who in return made both a touching and humorous reply. An elegant repast was shared in the parlors of Mrs. L. A. Hill, which was appreciated by all present. At a late hour the guests began to depart, wishing that the doctor might live to enjoy many more birthdays, and each and every one be as pleasantly spent as was this one. All this goes to show that Dr. Wright has friends who are worth something, and that they appreciate him. This is right, for he deserves it all.

—At a meeting of the Southwest Missouri Medical Society (Allopathic) at Pierce City, April 28th, the following resolution was adopted: "*Resolved*, by the Southwest Missouri Medical Society, That the State Board of Health, as at present organized and conducted, is of no service, and is not calculated to be of service to the medical profession or people of the State."

This is no way to do business. We have a very good law, and the Board of Health is doing as well as it can do under the circumstances. It will probably do some better when the physicians throughout the state are ready and willing to help it, and work in harmony with it. Standing off and objecting is not the way to correct lame, inefficient measures; if we would have good laws, and have them well executed, we must abide all decisions, and unite our efforts to make changes for the better when such seem to be desirable. We do hope that every man in our school will lose no time in complying with all the requirements of our State Board. If, at any time, there seem to be objection-

able features in the organization or workings of the Board, these can be considered at our state and local societies, and properly presented in a suggestive manner—not in the shape of an insulting announcement.

—H. S. Lowrance, M. D. (graduating class of 1881), now located at Garden City, Kans., was married May 1st, 1884, to Miss Ida Rich, daughter of Mrs. P. B. Rich, of Kansas City. The bridal presents were numerous and elegant. We extend our congratulations to the happy parties, and wish them all the enjoyment their new relations can possibly bring them.

—Our Prof. G. A. Rowe has opened a fine office at No. 3130 Easton Avenue, St. Louis, where he will be happy to receive friends who may desire to call upon him, and wait upon patients who may desire his services. The doctor is building up a fine reputation among a first-class people, his location being in an excellent part of the city.

—A. A. Mellier has adapted the Elliott saddle bags to the form of a buggy case, and those who order can have either style at the same price—saddle bags or buggy case.

—The American Medical Association (old school) met at Washington City, May 6th, 7th and 8th. Excepting the large attendance, nothing notable transpired. In fact, it was rather a dull session, if we are to judge from the reports. The code question did not even excite much of a stir. The facts are, the profession at large has concluded to let the old foggy code live. This is as we predicted some time ago, and until another generation rises up and blots it out it will remain about as it is. One member suggests a peaceable adjustment of the whole code matter in this way: He says, "let us all subscribe to the Code of Ethics of the American Medical Association, and then go as we please." Pretty good, especially the "go as you please" part.

—Let everybody remember that the National Eclectic Medical Association will convene at Cincinnati, Ohio, June 18th, 19th and 20th. Place of meeting, Greenwood Hall. Headquarters for delegates, Palace Hotel. This is expected to be the largest and most interesting meeting in the history of the Association, and every member of our school that can possibly get away from home for a few days should make it a point to be present.

—The *Medical Review* of last week gave the American Medical College a fine “puff.” That is all right, and it was possibly a good move on the part of the editor and manager of the *Review*, in a financial point of view. You can do it again, if you think there is any money in it; but we would advise the editor that if he gets no better pay for this *special* work than he does for editing the *Review*, he had better go to peddling bananas.

—At a recent meeting of the St. Louis Medical Society (Allopathic), resolutions were entertained to vote against the admission of all delegates to the National American Medical Association who opposed the old code, and memorializing the association to take steps to correct the abuse of self-advertising through the medium of medical colleges. Now, if we must be tormented continually with resolutions and codes, and a friend be permitted to do so, we would suggest that a new item be added to the good old code, as follows:

Art. 1000. Sec. 1. Every member of this American Medical Association shall not only swear by the old code, but he shall obey his masters under all circumstances; and for the first violation of the code in any way, as soon as convicted, he shall have one of his ears split; for the second violation he shall have both ears split, and a black rag pinned to his coat-tail; for the third violation he shall have his head shaved, shall be tied to a stake for six weeks, and shall have good classical scholars to read the code of ethics to him, in English and Latin alternately, day and night, and he shall have nothing to eat or drink but medical ethics.

Sec. 2. Should any member of this association be accused of belonging to any medical college, he shall flatly deny it at once, and if the accuser persists, the member shall shoot him on the spot. On the other hand, if the member does not succeed in hiding his medical college relations, or in any way acknowledges that he is a member of any medical faculty, or through any hook or crook permits his name to appear in any newspaper in connection with any important case, then he shall be hung up by the heels, in the presence of the great American Medical Association, and each member shall deliberately step forward and spit upon him, after which the wicked offender shall be cremated.

*BOOK NOTICES.*

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TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION, for the years 1883-84, including the Proceedings of the Thirteenth Annual Meeting, held at the city of Topeka, Kas., June, 1883.— Edited by Alexander Wilder, M. D., Secretary of the Association.

This is a fine book. It is large for a book of its class, 429 pages, and well filled up with sound, practical matter. Many of the most able men in the Eclectic school are represented by papers upon important topics. And we may depend upon it that these papers contain the best thoughts of these men upon the subject treated; and men generally write about what they think they know most about, hence we may conclude that we have the cream of medical literature recorded in the papers found in this book.

The book is well gotten up, and is embellished with a frontispiece—a fine steel engraving of Ex-president Prof. A. Jackson Howe, of the E. M. Institute, Cincinnati, O. And while many may regard this as the least important part of the book, we do not. If a book is meant to represent any body of men, and the leading character in the organization, in portrait, bears the expression and outlines of an imbecile, then we are not favorably impressed; but if, on the other hand, we observe in the portrait a manly appearance, a cultivated expression, outlines indicating firmness, deep thought and force of character, then we are inclined to give attention and respect what we see, and are nearly certain to read what is written. Real merit, no matter whether it is a man, a book or a picture, will always win, cannot be cast away with indifference, but is certain to attract and exert an influence commensurate with the thing itself. Harmony is a universal law of nature.

In the first place, everybody (all doctors, we mean) ought to belong to the National. then they would have this book; but if you are not a member of the National, send to Prof. A. Wilder, 565 Orange Street, Newark, N. J., and he will send you a copy for a price.



ON THE PATHOLOGY AND TREATMENT OF GONORRHEEA.—By J. L. Milton.

This is the fifth edition of this book. It is a practical work on the subject, and is authority everywhere. It is the January number of Wood's Library for 1884. Wm. Wood & Co., New York City, N. Y.

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MEDICAL EDUCATION AND THE REGULATION OF THE PRACTICE OF MEDICINE IN THE UNITED STATES AND CANADA. Prepared by the Illinois State Board of Health, and Published by Permission.—By W. T. Keener, Chicago, Ills., who can supply orders.

This, just at the present, when there is so much ado about medical legislation throughout the country, is one of the most interesting, instructive and useful books in the market. It is a book of 270 pages, cloth bound, and filled with the character of matter its title would indicate, viz.: Laws regulating the practice of medicine all over the country; the status of medical colleges; recognized and rejected schools. We are in receipt of many letters asking for the laws regulating the practice of medicine in this and other states, and we can do no better than refer them to this book. It tells all about these matters, and will repay the reader for a careful study. Address W. T. Keener, 96 Washington Street, Chicago, Ill.

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LEGAL MEDICINE.—By Charles Meymott Tidy, M. B., F. C. S.

This is the January number of Wood's Library of Standard Authors for 1884. It is a model book, 321 pages, cloth, and well gotten up in every way.

Doctors are nearly always reading therapeutics, and rarely give much time to kindred subjects. Here is a department in medical science that should not be ignored, and there is no book in print that could be more interesting on this subject than the one before us.

A few reprints from the contents will suffice to give the reader some idea of the nature and scope of the work: "Points of Law Relating to Legitimacy. Certain Medical Questions Relative to Disputed Paternity. Impotence and Sterility in the Male and Female. Impregnation. The Terms Impotence and Steril-

ity Defined. The Circumstances under which Questions of Impotence and Sterility may Become Subjects of Medico-Legal Enquiry. Marriage in its Civil Aspect, of the Nature of a Legal Contract. Conditions Necessary for Obtaining a Decree of Nullity of Marriage."

These are only a few of the subjects considered. The book is full of interesting reports, cases detailed, and verdicts rendered. All who want to be ready for legal questions in medicine may qualify themselves by a careful study of this book. Wm. Wood & Co., New York City, N. Y.

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### *MISCELLANEOUS PARAGRAPHS.*

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#### **Iowa State Eclectic Medical Society.**

DES MOINES, IOWA, April 8, 1884.

TO THE ECLECTIC PHYSICIANS OF IOWA:—We herewith have the pleasure of sending you the official announcement of the Seventeenth Annual Meeting of the Iowa State Eclectic Medical Society, to be held at Des Moines, June 11th and 12th, 1884. We respectfully urge a full attendance of all eclectic physicians throughout the State. An excellent programme has been prepared, and we feel justified in saying that all will be amply repaid for time and money expended in attending. The Committee of Arrangements are negotiating for reduced rates on all railroads. We trust that all will be prompt in attendance, and that all members will devote two full days to the good cause.

*Programme.*—Papers on the following subjects will be read before the society: E. H. Harris, M. D., Grinnell, "Intra-Laryngeal Growths;" J. G. Hill, M. D., Des Moines, "Aneurism;" A. C. Sherwood, M. D., Marshalltown, "The Pacific Coast as a Winter Resort for Invalids;" Dr. Douglass, Sioux City, "Pneumonia;" O. H. P. Shoemaker, M. D., Des Moines, "Wounds of the Liver without External Signs of Violence;" Levi D. Johnson, M. D., Oskaloosa, "Glaucoma;" E. H. Carter, M. D., Des Moines, "The Practice of Medicine;" A. B. Conaway, M. D., New Sharon, "Uterine Diseases;" J. A. Reid, M. D., Davenport, "Reporting Cases in Practice."

*Officers of the Society.*—T. Garth, President; H. O. Conaway, Vice-President; A. D. Moxley, Rec. Secretary; J. M. Hull, Cor. Secretary; J. A. McKlveen, Treasurer.

*Committee of Arrangements.*—E. D. Wiley, J. G. Hill.

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### **Dr. Steinrauf vs. Dr. Adcock.**

Now we would like to know where Dr. S. received his wisdom, as we have been a reader of the good old A. M. J. for six years, and have yet to hear the first condemn the sustaining treatment in all cases that destroy vitality as fast as does scarlatina.

Now as for Dr. A.'s treatment, we see no objection to it, and we suppose Dr. A. to be the best judge, as he had the case before him; and as for his asking the advice of Prof. Pitzer, we think it commendable, if he did do it with timidity.

Now, we have a case of placenta previa in a multipara, æt. 30, in the eighth month of gestation, patient in good ordinary health otherwise. Hæmorrhage not profuse yet, os uteri normal. Now what course is best to pursue? Use Barnes' dilators, rupture the membranes and bring on labor, or watch the case closely and let nature take its course?

Now if there is anything in Dr. S.'s homœopathic doses of aconite or belladonna, or anything else good, let us have it; and if it don't look too thin, we will possibly try it and report.

J. M. MANES, M. D.

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### **The American Medical Battery.**

We call the attention of our readers to the American Medical Battery of twenty-two cells, the advertisement of which appears in this number of the JOURNAL.

For further information concerning this *Galvanic* battery, write to the company, Evanston, Ill.

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### **State Eclectic Medical and Surgical Society of Michigan.**

The eighth annual meeting of this society will be held in the city of Grand Rapids, commencing on Wednesday, May 28, 1884, at 11 o'clock A. M., and will continue in session two days.

The Committee on Arrangements are Drs. P. B. Wright,

Corinth; Wm. Van Putten, Holland; and S. W. Thompson, Otsego.

Grand Rapids is a railroad centre of considerable importance, and trains arrive on most of the roads in the early part of the day, so that the most of the members may be there at the opening of the session, and with but little loss of time in making connections or en route, and it is hoped that all will strive to be present at the first roll-call at 11 o'clock A. M.

A full attendance of all the eclectic physicians of Michigan at this meeting is greatly to be desired, and we feel sure that the wide-awake, progressive ones will be there, for no physician, however well read, can well claim to be progressive who fails to take advantage of the helps afforded at these important State gatherings. With a view to increasing attendance and the prosperity of the society, and adding interest to its future meetings, some changes in its rules and regulations were proposed at the last meeting, as will be seen by reference to the published transactions. All members should be interested in these, and should be present to act on them at this meeting.

The necessity for the thorough organization of eclectics was never more urgent than at the present time. Political measures are being constantly concocted and urged, both state and national, ostensibly to regulate the medical practice, but really with a view to embarrass, weaken and ultimately destroy all schools but the dominant one. Our active membership is little more than seventy. It ought at once to be increased to three times that number. It is from sheer indifference on the part of many to these important matters that they are not members. Others are out for various reasons; some may find objections to the management or workings of the society; some have hob-nobed with so-called regulars until they imagine themselves "regular," either forgetting that eclecticism is cosmopolitan and embraces all medical truth, or fearing to identify themselves with anything opposed by the sectarian schools. This is all wrong. The few should not be required or expected to defend the rights of the many, and they cannot do it. A crowd is necessary. Our present medical law has forced every physician to register himself as an eclectic, an allopath, a homœopath, or nothing. Let those

who prefer to be nothing remain so, but all the true eclectics in the state should be harmoniously banded together to protect the rights which those who secured the present law will, in the next step, seek to wrest from them. Our nominal strength is known by the registration books; our real strength, whatever it is, will lie in this organization.

The Secretary desires to correspond with every eclectic physician in Michigan in reference to this important meeting, and to be assured that each will be there, except it be an absolute impossibility, in which case send dues or membership fees with "regrets." Let each eclectic physician, member or otherwise, correspond with as many others as he knows, and promise to meet them at this meeting. Let each come prepared to contribute a paper and some facts of interest to others, and an interesting, social, lively, profitable time will surely be the result.

Blank applications and copies of articles and by-laws will be furnished by the Secretary on application.


Dowagiac, April 25, 1884.

H. S. McMASTER, Sec'y.

By order of the President.

J. D. PETERS, M. D., President.

## **PROFESSIONAL AND BUSINESS EXCHANGE.**

 Under this head notices for sale or exchange, locations, or partnerships wanted, and other notices of like nature, will be inserted at \$2 a time. If more than eight lines, 25 cents extra for each additional line. Always in advance.

### **Medical Books and Surgical Instruments.**

We make a specialty of the Book Business. Students and practitioners wanting books of any kind, no matter of what school or where published, may order them direct from us, and rely upon getting what they want, and upon as good terms as they can be had anywhere. Surgical Instruments, Pocket cases, and Saddle-bags the same. For price list see advertising page v.

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## *ORIGINAL COMMUNICATIONS.*

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**ART. XXXIX.—Wandering Spleen.—Splenotomy.—Recovery.—**  
By PROF. E. YOUNKIN, M. D.

It has been proven by numerous experiments that the spleen is not absolutely essential to life. The part that it fills in the animal economy is not very clearly understood, but the latest and best opinion is that the spleen belongs to the lymphatic system and acts as a diverticulum to the blood.

It is, therefore, a blood organ, and is engaged in the blood-making process, particularly in the formation of the white corpuscles, and perhaps of the red.

In splenic disease the symptoms of disturbed and imperfect formation of the blood are among the most striking phenomena, though the removal of the healthy organ does not seem to materially affect the balance between the white and red corpuscles. This fact is supposed to be due to the function of the spleen, under those circumstances, being taken up by other lymphatic organs.

Congenital absence of the spleen is sometimes observed, even in individuals otherwise normal.

Atrophy of the spleen sometimes happens, and the function seems to proceed undisturbed, though carried on by other lymphatics. A case came under the writer's notice in which the spleen was encapsulated with a white chondroma, and one-half

of the capsule had become ossified. The parenchyma was normal in color, though soft and friable.

Supernumerary spleens are sometimes observed, varying in number from two to twenty or more, and in size from a millet seed to that of a hen's egg.

It is stated upon good authority that accessory spleens are sometimes formed after the extirpation of the original organ.

Acquired changes in the position of the spleen are not unfrequently observed. Every physician who understands how to detect the position of the spleen by percussion, must have observed how that in enlargements of the left thorax, from pleuritic effusion, or other conditions that crowd upon the spleen, this organ is thrust down into the abdominal cavity. It sometimes happens that the spleen is movable, owing to an abnormal length of the gastro-splenic ligament, so that the viscus is but loosely attached. When the ligament is quite long, the spleen may sink downward, and produces by its own weight disturbances of various kinds. The continual dragging may loosen up the pancreas. The splenic vein and artery form, with the gastro-splenic ligament, a cord from which the spleen is suspended, with the hilus usually upward, and as it sinks into the pelvis it turns upon its horizontal axis.

If the gastro-splenic ligament is but little lengthened, death may be produced by gangrene of the cul-de-sac of the stomach, occasioned by the dragging and other injury to the caliber of the vessels. If the ligament is greatly lengthened, the weight of the spleen is allowed to rest on the uterus, bladder and rectum, thus creating pain and disturbance of the functions of these organs.

In some cases the spleen twists upon its axis, cutting off the supply of blood to the organ, and atrophy, fatty metamorphosis or death of the organ will take place.

The volume of the spleen depends on the richness of blood supply, and no parenchymatous organ of the human body is subject to such striking changes in size and weight as the spleen. It changes its size several times a day. The development of the splenic artery is extraordinary, and has a special interest with those who study the pathology of the spleen. Its caliber, compared to the size of the organ it supplies, is greater than any

other artery of the human body, which fact may serve to explain the frequent hemorrhagic infarction. The splenic vein is also remarkable for its size, and its caliber is said to increase as age advances; a wise provision, perhaps, as congestive conditions of the organ would otherwise more frequently take place.

Disturbances of digestion react upon the spleen, and affections of the stomach and liver tend to a congestion of the spleen. Gluttons and drunkards have a considerable increase in the volume of this organ. Bad drinking water, water from marshy districts, or the element we call malaria, has a special tendency to produce enlargement.

May 17th last, I was summoned to the Laclede Hotel to consult with Prof. Pitzer in the case of Mrs. M. Thomson, of Wichita Falls, Texas, who came to St. Louis to obtain relief from constant and severe distress, which she suffered from a wandering spleen.

Mrs. Thomson is naturally small in stature and sparsely built; weight, 96 pounds; age, 32 years, and married. Three years ago she gave birth to her only child. The labor was tedious and painful, though no instruments were used. She soon recovered to her normal health. Nearly a year after this occurrence, she observed an enlargement in the left iliac region, which was felt to move upon change of position. It soon became so that it could be moved upon either side, and when standing it sank down upon the pelvic organs. The pains were constant and distressing, and could not be entirely relieved by drugs. An effort was made to support the apparent tumor by means of abdominal stays, but to no purpose. She had been repeatedly examined by various physicians, who differed in opinion as to the nature of the case.

Upon our examination, the enlargement could be felt, and readily moved in any direction. It could be felt per vaginam, then separated from the uterus and carried above the umbilicus. It seemed twice or three times as large as the usual spleen. Upon placing the hand upon the abdomen and over the mass, rotating it, its borders could be felt. Percussion showed that the spleen was absent from its normal position. Thus it was recognized as a floating spleen.



The lady seemed to enjoy comparatively good health, aside from the discomfort and trouble produced by this abdominal invader, and she was exceedingly desirous of having the organ removed.

On May 21st, the spleen was extirpated under the antiseptic method. When placed on the operating table in Pius Hospital, the spleen was found resting just under the umbilicus, and at the median line. Amylated chloroform was administered. The incision in the median line was made about six inches in length, extending from the umbilicus downward. The walls of the abdomen seemed more vascular than usual, and more than usual time was consumed in checking the seeping of blood before the peritoneum was opened. When the incision was carried through, the omentum presented. This seemed to be adherent below, and hence an incision was made through it, when the spleen was reached. The incision being made sufficiently large, the spleen was lifted from the abdominal cavity and laid outside of the walls.

The hilus was occupied by a group of vessels which seemed to be quite separate from each other, save the ligamentous and peritoneal tissues which surrounded them. The gastro-splenic ligament, veins and arteries were free from all connection with neighboring organs, a distance of about six inches, and presented at the hilus a series of groups. The central group contained one large artery, the caliber of which was the size of a number thirty bougie of the French scale. This was denuded of its sheath and tied firmly with virgin silver wire, the ends rolled up so as not to excoriate in the future. The groups on either side contained smaller arteries. Two on the right and one on the left, making four good-sized arteries entering the spleen. They were all secured in like manner.

There were two splenic veins still larger than the arteries, which were also tied. After having first tied some of the arteries with cat-gut ligature, I began to fear that these might be absorbed too soon, hence I tied with the silver wire. These will become encysted, and create no trouble.

The spleen was now held a little to one side of the abdominal incision, that the engorged venous blood might not enter the

abdominal cavity, and the organ was severed from its attachments. The organ soon lessened its own bulk, as the veins were cut.

The pedicle was now closely scrutinized, to see that all hemorrhage had ceased, and it was then dropped back into the abdomen. A small amount of serous fluid had collected in the abdominal cavity, which was carefully sponged out.

The abdominal walls were closed with deep wire sutures and with superficial sutures of iron dyed silk.

The wound was covered with antiseptic gauze, absorbent cotton, sealed with rubber tissue, and retained by a bandage. The dressings were examined every day under the antiseptic spray and renewed.

Immediately after the operation, one-fourth grain of morphia sulphas was administered hypodermically. In a few minutes the patient awoke, feeling comparatively comfortable. She rested very well during the night. She was kept on a low diet for twelve days. Slight nausea ensued the first twenty-four hours from the anæsthetic. Milk and lime water were given. Aside from these agents, no medicine was required until the eighth day, when citrate of magnesia was taken to move the bowels.

We began to remove the sutures on the fifth day. They were all out by the seventh. Healing was perfect without a drop of pus. Once or twice our patient spoke of slight pain in the region of the spleen and at the sutures. The patient, previous to the operation, presented a temperature of 99.5° F., and her recovery has been without further rise of temperature, save one or two evenings, when it rose to 100.4° F.

The removed organ, after its blood was emptied from it, was only a little larger than normal. Its parenchyma was not pathologically changed.

Aside from Prof. Pitzer, we were assisted by Dr. Mathews, the patient's brother; Profs. Merrell, Rowe, Rutledge and Dr. Steinrauf.

Mrs. Thomson has been comparatively comfortable and jovial from the time of the operation till now. She eats and sleeps well, and seemingly suffers no inconvenience from the loss of the spleen. I imagine there may be a certain degree of weakness in

the reproduction of blood corpuscles until the proper transition is made to other lymphatics. On the thirteenth day she sat up in bed; on the fourteenth she sat in a chair; on the fifteenth she walked across the floor; on the seventeenth the menses appeared, just twenty-eight days from the last menstruation; on the twenty-first day she rode out in a buggy, and at this writing, the twenty-eighth day, she is able to go about as she pleases, and will start for her home, in Texas, in a few days.

The above case is one of unusual interest to those who witnessed the operation—from the rarity of the case; from loss of the almost natural organ, and from the fact of a rapid recovery.

So far as my observation extends, this is the fourth case of the kind in this country. There are some forty cases recorded from all sources—nineteen operations on account of traumatic causes, all of which terminated favorably; twenty-one from pathological causes, twelve of which died. Hence we say, Mrs. Thomson's chances are good.

We hope to be able to record the effects of this operation, as it marks upon future health. The husband promises to tell us how it affects future disposition, though we imagine that this lady was already of a very sweet temper. I know of some husbands who might apply.

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**ART. XL.—Orbital Cellulitis.**—BY O. A. PALMER, M.D.

An inflammation of the tissues in and around the orbit is a dangerous affection, as it generally causes a partial or total loss of vision, and not infrequently the death of the patient. There are many causes that will give rise to this trouble, but the most frequent are injuries in or about the orbit. It may appear as a complication of erysipelas, pyæmia, meningitis, and other diseases of a similar nature. The symptoms are: Severe pain around the eye, which extends over the side of the head and down the muscles of the neck; redness and swelling of the eyelids; a chemotic condition of the conjunctiva, but no mucus or purulent secretion; the eyeball is pushed forward and becomes immovable by the inflammatory infusion that takes place into the tissues, and binds them altogether. There may be optic neuritis from an extension of the inflammation backward, or the pressure

on the nerve may be so great as to check the circulation and cause atrophy. The life of the cornea is endangered by the chemotic condition of the conjunctiva. The inflammatory process may involve the whole eye and cause its total destruction. In some cases the inflammation extends to the membranes of the brain, which will be known by the cerebral symptoms. The diagnosis of this disease is not an easy matter in most cases. It has been called purulent conjunctivitis, periostitis, panophthalmitis, and treated as such, but if we get the full history of the case and compare it with the symptoms of the other diseases, the proper diagnosis can be made.

I will give the details of a case I saw not long ago. A boy, aged eight years, was playing on the sidewalk with several others. One of the company threw a piece of a board that was quite brittle and pointed, and its pointed end entered the upper lid about its center and passed backward about one inch, as near as could be ascertained. About one-half inch of the end of the board broke off and remained in the orbital tissues. In twenty-four hours the part became very much swollen and painful. He was taken to a physician, who said that the inflammatory condition would subside in a few days, when all would be right again, but he grew worse, until his vision began to be affected. Then the little fellow was taken to an oculist, who soon determined the true condition. He had all of the symptoms of orbital cellulitis, and it was very evident that the eye would be lost, as it protruded so much that the lids would not cover it, and the cornea was being destroyed for want of lid protection. There was much febrile action, and he received the constitutional treatment as well as the local to arrest the inflammation, but it could not be checked. So every means was used to hasten suppuration, which soon took place, when the part was opened and the pus, as well as several small pieces of wood, were removed. Soon all of the symptoms passed away, but the vision was totally lost, and during the process of healing the lid was drawn far back under the orbital wall, so that he had no power over it, and the eyeball was not protected. An attempt was made to bring it down, but the risk was so great that it was abandoned. Probably if the physician had removed the foreign body when he saw it, the eye might have been saved.

The treatment of these cases is not difficult. During the inflammatory stage, pack the part with cold cloths that have been laid on ice or wrung out of cold water. Later, if destruction of tissue is inevitable, use hot compresses and poultices. The abscesses should be opened as soon as possible. The patient will often have rigors when the pus is forming. I have used an exploring needle to find the pus. After the abscess is opened, be sure that it is kept open. When the pain is great, some narcotic must be used. If there is fever, give the proper sedative, and use the general bath. In the cases where the general health is much affected, the proper sustaining remedies should be given. I have seen one case in which the healing of the sinus was very protracted and did not take place until a piece of carious bone was removed. See that the patient has a generous diet and plenty of fresh air.

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**ART. XLI.—Cholera Infantum.**—By W. L. GUIN, M. D.

Now that the season for bowel troubles is here, it is time to look about for a successful treatment. To the intense heat of summer, together with the free use of fruit and vegetables, is attributed the source of most gastro-intestinal derangements. The average physician, perhaps, follows a routine method, in accordance with the text-books of the particular school he may represent. If he gets through the season with a mortality of only five or ten per cent., he may flatter himself that the recovery of the rest was due to his judicious course of medication.

Medicines are well enough in their way, but in cholera infantum, as in all other diseases of the digestive tract, both acute and chronic, without the proper dietary regimen no curative influence need be expected. The physician who looks after the food that his little patients are to have, and selects such articles as they require, will have a greater percentage of recoveries to record than he who relies upon his *materia medica*.

In cholera infantum, milk is almost invariably selected as the one thing the child must have. Notwithstanding the vomiting and diarrhœa continue, milk is persistently given. Doctor, did it ever occur to you that milk is responsible for this trouble? If it never did, then I shall not wonder at the incredulous smile that

plays over your features when I make the statement that to milk more than to everything else are due the stomach and bowel derangements embraced within the name of cholera infantum. In an atmosphere swarming with the germs of putrefication, milk affords an inviting field for their lodgment and development. Thus freighted with the elements of disease, it is swallowed. There is no reason why children should be more liable to choleric troubles than adults, excepting that they are larger consumers of milk. Dentition is made the scapegoat for everything. Let me remark, by way of parenthesis, that if it were not for "teething" in summer, and "taking cold" in winter, the practice of medicine would lose half its charms. An ever-ready explanation for a number of ills would have to be sought in some other direction.

In the management of cholera infantum, the selection of the proper food is of first importance. The stereotyped injunction, "be careful what you eat," modified to suit the case, without definite directions as to what the child should eat, is of no avail. Milk should be withdrawn at the onset. It will not do to attempt to compromise the matter by withdrawing it to-day and giving it to-morrow. It should be discarded entirely till the patient is well. Nor should any article of food be given in which milk has been used in its preparation. Rice water should be given as a drink till the vomiting ceases. Then the patient may partake of rice or sago, which has been thoroughly cooked. A small quantity of the albuminous part of an egg and a little sugar may be added to the rice or sago. Mutton broth, chicken broth, and similar articles that contain more nutriment, should be given as soon as the stomach will retain them.

In regard to medicines, *nux vomica* in small doses stands at the head of the list, both for the vomiting and the diarrhoea. *Ipecac*, *aconite* and *pepsin* are good remedies. The use of quinine and lard by injunction, in the proportion of a half drachm of the former to an ounce of the latter, frequently has a good effect. If the diarrhoea does not readily yield to this treatment, the compound syrup of rhubarb and potassa, or neutralizing cordial, should be given till it acts on the bowels, which may be determined by the color of the discharges. When this effect is produced, it should be discontinued, or given in very small doses.

But little trouble will be encountered in the management of acute cases, provided milk is prohibited. I have seen vomiting cease in many cases within a few hours, after a milk diet was discontinued, that had persisted for days in spite of every effort to arrest it while milk was being given. Years of experience and observation have taught me that it will not do to give milk in cholera infantum. Patients may recover while taking it, but this is no argument that the management contributed anything toward the recovery.

St. Joseph, Mo.

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**ART. XLII.—An Interesting Case.—**By S. W. INGRAHAM, M. D.

In every physician is inborn a desire to excel in his profession. We are justly proud of our titles; of our names in print; of the admiration of our fellow practitioners, and of the good-will of people generally. Our work is of such a character that we are greatly depressed oftentimes by it, and have but little time in which to write our cases up properly, or even to take time for recreation or pleasure, which nearly every physician so much needs. I believe it was Byron who said, "'tis a pleasure to see one's name in print." Byron did not treat but one-half of the subject at a time; if he ever said anything about the other half I have never seen it so recorded. 'Tis a pleasure to see one's name in print, when the mention of it is a favorable and honorable one. But when we receive the adverse criticisms in the press, then our names are not so pleasing to us in print. Therefore we must take Byron's quotation *cum grano salis*.

In the month of October, 1883, I was called to the Massasoit House in this city (Chicago), to prescribe for a man named Charles T. Sweet, suffering with typhoid fever and intusseption. When first taken down Dr. Arndt had been called and had continued to attend him for seven or eight days, when his symptoms finally became so alarming that his wife discharged Dr. A. and employed me instead. I at first offered little or no hope, but of course agreed to do the best I could for the unfortunate stranger. It was evening, and I administered forty grains of the sulphate of quinia, at once, associated with one grain of the pul. opii, and

left him for the night. I called next morning early and administered digitalis, bromide and gelseminum, to be taken in heroic doses through the day, and flaxseed poultices to be applied over the abdomen. When I called again in the evening the head symptoms were much improved, and the cadaverous countenance changed for the better. I again administered forty grains of quinia and ordered the poultices continued over the abdomen, and again left him for the night. Each succeeding day found him improving, until at the end of three weeks he apparently became convalescent and the action of the bowels was restored again. I saw him a few times during the fourth week, and he appeared so well and continued to improve so rapidly that I discharged him.

I was again summoned to see him the latter part of the fifth week, a tumor having formed in the right side. This I diagnosed as a stercoracious abscess, and ordered hot flaxseed poultices constantly applied. I was rewarded at the end of six days by having it point about one inch to the right, and one and one-half inches below the umbilicus. I determined to open into it the next morning, and advised them to call in some other reputable surgeon if they thought advisable. This they did in the person of A. J. Baxter, surgeon in chief to Alexian Brothers' Hospital, and surgeon to Cook County Hospital. We were joined by Dr. James Ingraham (cousin), of Coshocton, Ohio. There being no difference of opinion between us as to the cause and nature of the abscess, Baxter left us, and I opened into the abscess with a long, curved bistoury. The exudation of sulphuretted hydrogen gas was something wonderful, after which the exudation of pus began, and continued to discharge over half a pint per day for the succeeding three weeks. During the greater part of this time I had applied strips of rubber plaster around the opening in order to keep up regular pressure to facilitate the discharge of pus. I had also given him strong tonics of ferri et phosphori, strychnos and gentian. His diet consisted of beef tea, milk toast, rare beef steak and milk. He was also allowed about a tablespoonful of Bourbon whiskey three times a day. In the first part of the ninth week I again discharged him, be-



lieving that he was now out of all danger, and that there was no use making any more expense for him.

I was summoned once more four days afterward, when I found the attendants greatly excited over the appearance of his bowels coming out through the opening made for the discharge of pus. I made a careful examination and found a section of an intestine wedged into the opening near its outer surface. With very little hesitation I decided to make the opening larger and remove the intestine if need be, or at least ascertain definitely what it was. As soon as the opening had been enlarged I had no trouble in taking out the intestine with a small pair of forceps. It was elbow shape and about six inches in length. Two more sections followed in quick succession, all of them about the length and shape of the former. The fourth and last section came away the following day. The four joints of the bowel thus removed would measure between twenty and twenty-five inches, and I regret very much my carelessness in allowing them to be thrown away. I should have preserved them by all means, as they were rare specimens and would have been the means of making the subject much more interesting at some time in the future.

This man was aged 43, height 5 feet 5½ inches, stout build and of a nervous, sanguine temperament. Prior to this illness, he had never known what it was to be sick, and had been used to out-door work. His powers of endurance were great, and to use an expression in common vogue out west, he was as tough as an Indian, else he never could have recovered from such a terrible malady.

Another phenomena in his case that I think worth mentioning is the usual relapse in all such cases. He did not have what I could call a true relapse, but when he began to improve he kept right on improving and gaining strength, until he was finally discharged. I received a letter from him last month, May, 1884, in which he says that he is able to work, and feels well and hearty, but that there is yet a little discharge of thin, watery pus through the opening, which is not entirely closed up. I have no doubt but that he needs some surgical attention in order to entirely rid him of this annoyance, but he is away in the interior

of Michigan, and does not feel wealthy enough to leave his fields of labor and come to Chicago for treatment.

I have written this article from my memory of the case, for I took no notes while attending him. I do not remember of reading or seeing in print a parallel case, and I trust this one may prove interesting to the readers of your valuable journal.

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**ART. XLIII.—Some Queries.**—By J. G. ELLIS, M. D.

I have often been puzzled to know why it is that our authors and writers on medical subjects do not make their articles more clear and specific. Our eclectic writers are guilty of this medical sin as well as our *regular* friends, but not so much so.

Why is it, in reporting cases, they do not specify the exact pathological conditions and indications, and prescribe accordingly—instead of writing “we give aconite and ipecac?” Why not write there was a small, frequent pulse, with elevation of temperature, with reddened tip and edges of tongue calling for these special remedies? Yes, but says one, there isn’t any use of taking up space with such minor details as that, as all are supposed to know how and when to use such remedies. Yes, it will take time and space; but without these minor details the younger members of the profession will be at a loss to know just how and when to prescribe these remedies, and not only these, but all others, except by routine, which is not rational prescribing. Why is it that some of our eclectic brethren persist in giving calomel? Is there not something better? Do not our principles teach us that this is not a rational practice? Why then persist in it? Our school of medicine claim to choose the best, not only for the present, but for the future welfare of our patients. This being our guide, we cannot use calomel.

I was very much astonished, upon reading my last journal, to find that one of our brethren had revived venesection. Why did he resort to blood-letting? Was there not a better way? Why not prefer to give the indicated remedy? That would not have depressed the vital powers of his patient—the great object to keep in view. It may have been as Prof. Pitzer stated, that gelseminum might have stayed the convulsions. I am sure it

would—provided it was a curable case—had it been the remedy indicated. But enough of this.

Why is it that our eclectic journals reprint so many worthless extracts from regular journals, such as Prof. A. or B.'s plan of treating typhoid fever, or other diseases, when they give their remedies without rhyme or reason. I cannot see any practical value in such extracts. We cannot rely upon their treatment, from the fact that our patient will not likely be like theirs, and if it were we would not know it—except by name—because they cannot state a single pathological condition or indication calling for their remedies. I am a firm believer in specific medication, and don't take any stock in Prof. A. or B.'s plans and recipe practice. If there is anything of practical value in them, let us have them; if not, away with them.

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**ART. XLIV.—How to Secure Good Dental Organs, Prevent their Decay, Prevent Rickets, Hip Diseases, Etc.—BY H. E. DENNETT, D. D. S., BOSTON, MASS.**

In the discharge of their duties, the physician and dentist are daily asked by their patients "What must I do to prevent my teeth from decaying?" The answer should be: "Correct your diet." That is, eat such food and only such as contains all of its natural elements. If we eat the products of grain, we must eat them with all their elements as furnished by Nature. If we eat meat we must also eat bones, or our system will suffer from one of Nature's unerring laws. It is conceded that dental decay is the dissolving away of the lime salts by vitiated secretions. This is not due so much to a want of cleanliness of the mouth as is commonly supposed, for it is not true that "A clean tooth never decays." One may devote twelve hours out of the twenty-four to the ablution of the mouth, and fail to prevent the decay of the teeth so long as Nature's dietic laws are violated. Dental development in man is discernible as early as the seventh week of intra-uterine life; hence the importance of a strictly correct diet from the start, if mothers wish to give birth to children who may have perfectly formed teeth, and perfect health includes a perfect set of teeth; for they are little indicators, denoting by *their* condition that of the whole system, just as a thermometer indi-

cates thermal changes. A mother who passes through the periods of gestation and lactation without a sufficient supply of bone and tooth material in her food will suffer from loss of teeth, neuralgia, rheumatism, and other diseases that result from an impoverished state of the system. The lime from her teeth will be dissolved, taken into the circulation, and appropriated by the offspring. Excepting *civilized* man, all flesh-eating animals eat as much of the bone with the flesh they devour as they can break with their teeth sufficiently fine to swallow. Place before a tribe of Indians everything the earth produces in the shape of food, and they will eat only animal food as long as that lasts; but put them upon a Reservation and feed them as civilized people feed themselves, and decay of teeth soon follows. Take from any carnivorous animals their supply of bone which Nature furnishes with the flesh, and decay of teeth is sure to follow.

Several years ago the lions in the Zoological Garden of London were fed upon the thighs of horses. These being large and hard, they were unable to break and eat, and, as a consequence, their young were born with cleft palates, and died shortly after birth. They were afterwards fed upon deer and other small animals, and their young were born with perfectly formed palates and lived. Veterinary surgeons have long known that certain diseases of their dumb patients can only be successfully treated by feeding them with bone meal. A dam, too aristocratic to gnaw bones, gave birth to successive litters of rickety pups. After being fed with food containing bone meal she produced perfectly healthy ones by the same sire. Even our domestic herbivorous animals thrive better when bone is added to their bill of fare. The cow which every year gives birth to young has an excessive drain upon her supply of bone material, and craves bones to such an extent that she will try to masticate even very large ones, as every farmer's boy can testify.

Arguments in favor of eating bone to prevent decay of the teeth, as well as to cure a long catalogue of bone and kindred diseases, might be continued indefinitely; but as "a word to the wise is sufficient," it seems only necessary to add that a long and continued experiment has been made upon a family, with results that fully justify all claims made for it. The bones were selected

from perfectly healthy animals, none being used that bore the slightest blemish, carefully cured without being allowed to pass through any perceptible chemical changes, finely granulated, and incorporated into soup, gravy, bread, etc., in the proportion of from one to three spoonfuls to each pint of soup, gravy, or flour. The relative proportion of nutritive elements in one hundred parts of different kinds of animal food has been found as follows; Beef, 26; mutton, 29; chicken, 27; pork, 24; brain, 20; blood, 21; codfish, 21; white of egg, 14; milk, 7; bone, 51.

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**ART. XLV.—Direct Medication.**—By GEO. C. FITZER, M. D.

[CONTINUED FROM JUNE JOURNAL, 1884, PAGE 264.]

*Eucalyptus Globulus.*—We employ the fluid extract of the leaves of eucalyptus, this being the most practical form for use. The virtues of this drug depend largely upon resinous matters, and strong alcoholic solutions are required. The fluid extract may be dispensed by dropping upon loaf sugar and ordering the patient to take the lumps of medicated sugar in the mouth and swallow them as they dissolve; or the fluid extract may be mixed with simple syrup. Water precipitates the resin, and is not a suitable vehicle. From two drops to half a drachm of the fluid extract may be given, and the doses repeated every one or two hours, or oftener if necessary.

In smaller and frequently repeated doses, we use eucalyptus to relieve and cure sore throat, laryngitis and bronchitis. In the sore throat accompanying scarlet fever it has no equal. In diphtheria it is an excellent adjunct, sometimes producing rapid changes for the better after other appropriate drugs had failed to give the prompt relief desired. It is an efficient antiseptic, an excellent drug to correct the fetid odor arising from the mouth and throat of scarlet fever and diphtheria patients, and its cooling, soothing influence in these diseases is very grateful to the patients. In such cases we use it as follows: R. Fluid ext. eucalyptus, ʒss; syr. simplex, ʒiij; water, ʒss. M. S. One-half to one teaspoonful every half hour, one hour or two hours, as may seem necessary. For small children this may be diluted a little with water at the time it is given. The effects of this

drug in these diseases are not simply local and temporary, but it exerts a constitutional influence in all zymotic diseases that we regard as very important. While we prize highly its local effects in scarlet fever and diphtheria, we sometimes think that much of the good resulting from its use comes from its constitutional influence. The same good effects are realized in many cases of erysipelas, puerperal fever and typhoid fever. It is an excellent drug in ulcerative stomatitis, correcting the fetor and relieving the burning sensation caused by the tender ulcers.

Eucalyptus has been recommended as an antiperiodic—a remedy for malarial diseases, but we have never derived much benefit from it in the active stages of this class of diseases. After malarial fevers have been checked, eucalyptus may aid in restoring the blood to a normal condition, and in this way it may prevent relapses. Of this we have no doubt, and we frequently combine it with appropriate tonics for the purpose of preventing returns of ague.

We make a very common use of eucalyptus in cases of “bad breath.” Many people come to us complaining of bad breath, and want something to correct it. It is true that bad breath comes from various causes, such as imperfect digestion, unhealthy articles of food, decayed teeth, sore mouth, etc., and to effect permanent cures these derangements must be looked after; but for immediate effect, and in cases where no special lesion is seen, eucalyptus is a first class remedy. For such cases we use it in this form: *R.* Homœopathic pellet, No 60,  $\text{ʒij}$ ; fluid ext. eucalyptus, gtt. xx; alcohol, gtt. lxxx. Mix the eucalyptus and alcohol in a four ounce bottle, then pour the pellets in the bottle and shake well. The pellets will soon absorb the solution, when they will be ready for use. *S.* Take five pellets every one, two or three hours, at pleasure. Always allow the pellets to dissolve in the mouth before swallowing. This is an excellent and convenient form for using eucalyptus in these cases, and in sore mouth. In all cases the effect of purifying the breath is quite satisfactory, and once used by a patient for this purpose, it will not be forgotten. The effect is highly appreciated by men and women.

[TO BE CONTINUED.]

**ART. XLVI.—Address of President S. S. Carr, M. D.—DELIVERED  
BEFORE THE STATE E. M. ASSOCIATION AT CARTHAGE,  
MO., JUNE 18, 1883.**

*Gentlemen of the Eclectic Medical Society of Missouri—*

I am pleased to meet and greet you; rejoiced that so many of you are gathered in this annual reunion, whence, after a few hours spent in social intercourse, in a comparison of views and works, we can return to our respective fields of labor, refreshed and encouraged.

But we are not all here that grasped each other by the hand last year. To one we then said the last farewell. It has pleased our Heavenly Father to call from his earthly labor our brother, Dr. John E. Morris, at his residence at Zion, on the thirtieth day of April last. Dr. Morris was well known to us both as a faithful minister of the gospel and as an intelligent practitioner and teacher of medicine. As a suitable minute of his death will be prepared, we will now say no more than that in this, as in all things, we submit to the Divine will, whilst we mourn the loss of a dear friend and fellow.

The legislature of Missouri passed an act creating a State Board of Health and regulating the practice of medicine and surgery. This act is liberal in its provisions, recognizing all schools of medicine and all practitioners who are qualified.

To whatever school a man may belong or affiliate with, or whatever theories may govern him in the practice of medicine, certain knowledge is common to all schools, equally requisite and essential. Anatomy, physiology and chemistry are three such sciences. No one is in any degree fit to practice medicine who has not some knowledge of these, and the larger his acquaintance with them, the wider will be his usefulness and the more his skill. The sciences and arts of surgery and obstetrics must be the same to all schools. Surgeons and obstetricians must be anatomists, well informed in general medicine, and for the mechanical part of their work have like instruments and appliances adapted to the practical work of each; hence they, to qualify themselves for these things, are the peers of each other, be they allopath or eclectic, for they have precisely the same knowledge in kind and degree, and have the same tools, have

pursued the same studies, had the same schooling, and perfected themselves in the practice of these arts at the expense of the same number of patients.

There can be no difference in the knowledge of diseases, their nature, causes, course, variations and terminations obtained from observations and experiences alike to eclectic and allopath.

There remains then but one branch of the seven usually included in the regular course of medical sciences, therapeutics and materia medica,—matters of medicine—and their appliances to the treatment of diseases and mode of action.

That men in the regular school differ very widely from each other as to the merits of the several agents used, quantities advisable and theory of operation, is evident to any one who reads their writings.

That they have heretofore divided into contending schools, is patent to every student of the history of medicine. That the time will come when regulars and eclectics will be held as only different schools of a grand and progressive science, each having proved a check to the other in modifying the methods of medication, and each having added much to the advancement of the science they both so conscientiously study, is also apparent. Wherein do they differ? In the agents of the materia medica they use, who shall say until further experience is had which choose more wisely? In the quantity of these agents they administer? Doses are yet an indeterminate quantity, only so far that a certain limit has been fixed approximately as the line of toxic effect beyond which it is unsafe to go. Otherwise every doctor chooses his own doses. In the theories by which they govern and explain the administration and actions of medications, who is right? None is qualified yet to speak. In one sense the whole practice is empirical, for all doctors give many agents because they or others have found them "good" in such cases, and beyond this they cannot go. In what do eclectics differ from regulars (I would say allopaths, but their late state meeting denied the soft impeachment)? Eclectics made a special study of American remedies, and if you wish to know with what success, look into a dispensatory of twenty years ago and one of to-day, and then inquire who first used and brought into notice



these indigenous plants, or re-investigated the old ones that had been discarded. It was they who first taught the doctrine and originated the practice of specific medication. It is true many of them have an aversion to some of the old-time remedies, that it is hard for them to overcome, but having conquered the abuse, they may occasionally find use for some of these things, even calomel and the lancet. Well, one thing I know, the practice now is not what it was when I was a boy. "In those days," says Dr. Henry G. Piffard, a considerable regular, the "chief therapeutic reliances of the profession were bleeding, purging, puking, blisters and salivation." No wonder there grew up a race of practitioners who rejected these and sought among our native plants milder and better agents. How many allopaths use these as their fathers did? I will venture to say that many of them never used or saw the lancet used, and that they do not now prescribe calomel for every case they see, and that even in the use of mercurials for specific diseases they are divided, questioning among themselves which is the better practice.

In this connection it may not be amiss to say a word for medical education. It will be a part of the duty of the State Board of Health to see that none but those qualified are permitted to practice medicine in this state. This is right. None ought to be found so engaged but those fully qualified. Our state has plenty of medical schools competent to give the needed instruction, and that would be pleased to do so for the proper consideration—no, if the state asked them in certain cases, without compensation. Now, there are a number of persons in this state practicing medicine who have not properly prepared themselves for this work; some of them from helping in emergencies in outlying districts have gradually grown into practice as they have in years; others for other reasons. It appears to me that these men should be better prepared for their profession. They have some experience, have made some useful observations, have a smattering knowledge of the practice of medicine, and some of them have personally regretted their disqualifications.

Would it not be well to give all these men an opportunity to fit themselves better, by making it obligatory upon all of them under fifty years of age to attend at least one course of lectures

at a medical college of good standing in the state, these institutions giving, to such as are certified by their several counties to be indigent, instructions gratuitously? There are very few men of fifty years and under engaged in the practice of medicine who would not be able to meet the expense of a course of lectures if it was required of them. Consider these men—they have practiced among their neighbors for ten or twenty years; these are satisfied with their services, and when they have a grave case, call a consultant. Many of these men will practice in spite of law. Some of them would like to make themselves more useful. Give them the opportunity by our legislature making their further education compulsory. It would not be like forbidding them to practice, and their neighbors would approve an act that would improve and make their doctor more useful and successful.

But hereafter none should be licensed to practice medicine without higher qualifications than their fathers had. The opportunities for general education are large and increasing. No one should be admitted to a medical college without having first received a liberal education. He should have a sufficient knowledge of the Greek and Latin to understand the technical terms or of his profession. He ought to be master of the English vernacular language. He ought to be well read in the natural sciences. I favor a higher standard of qualification before a student is admitted to the study of medicine, for he must needs have a certain amount of mental training to fit him for this study, and without it ordinarily he will prove but a drone in the hive.

I further believe that the standard of qualification and examination for the medical degree should be raised, and that three instead of two years should be given to the course of medicine. There will be no want of students or dearth of practitioners even if you went beyond this and required four years for preparation. All that is needed is unanimity of action by all medical colleges of all schools. I know that the present standard is too low. It is the grade that necessity used in the earlier schools of this country. Now, progress in all other arts and sciences demands that we advance and continue to go up till we equal the best European universities.

Gentlemen of the Eclectic Medical Society of Missouri, I ask

you to take this subject of medical education into consideration. It will be forced upon us before long. Let us rather lead than be driven. It is the prevailing impression that doctors are too easily made. One reason for a change is that the present curriculum does not give sufficient time for a thorough study of the several branches of medical science. One year given solely to anatomy and chemistry would be little enough. As most of medical students are but illy accomplished in these sciences, I favor a graded course, that they may be made more efficient.

I believe that you will join me in approving and demanding a higher medical education, for as medical schools are now conducted, the time and opportunity for practical instruction in surgery and obstetrics is too limited, and sad it is to say that most of medical graduates in this country are sent out to gain their knowledge of the practical part of these arts by experiments upon the patients entrusted to their care. A better plan should be adopted, and arrangements made to put senior students in charge of a sufficient number of cases, to fit them for intelligent attendance upon even their first patients. Every city should have a maternity open to all senior medical students, who should be required to attend cases under the eye of a preceptor as a requisite for the doctor's degree.

But I started out to say something of the State Board of Health, as far as it concerns us. By the provisions of the act creating this board, we are entitled to a representation, and ought to have two members. As the bill was prepared with an emergency clause, and as its passage in that form seemed imminent, I sent out letters to the members of this society, requesting them to name some one for the place, intending to ask their unanimous support for the man whom a majority of those written to would suggest. In the meantime Prof. Albert Merrell informed me that the faculty of the American Medical College had unanimously agreed upon the name of Dr. P. D. Yost.\* I concurred in this nomination, and sent out circulars to our members, asking them to use their influence to secure the appointment of Prof.

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\* NOTE.—Prof. Yost was finally appointed by Gov. Crittenden, but he died shortly afterwards, and Prof. Albert Merrell was appointed to fill the vacancy, and holds the position up to this date, June 25, '84.—ED.

Yost. But as the bill finally passed without the emergency clause, the matter has rested so, subject to whatever action you may take at this meeting.

I know that great efforts are being put forth to induce Governor Crittenden to appoint men of only one school, but his address before that branch of the medical profession that met in Jefferson City lately, had such a ring of true manliness in it, and so expressed the general judgment in these matters, that I feel confident his excellency will act in accordance with his convictions and the provision of the law, for I believe, as I wrote him, that "as medical science, in common with all things else, is represented by several schools, it would be but equitable that each should be represented in a State Board of Health, or any other general body."

Allow me to call your attention to food and drug adulteration. This evil has grown so general and so serious that it forces itself upon the attention of the medical profession. These wrongs for gain have become notorious, robbing the poor of proper food and vitiating the medicines administered to the sick, visiting incalculable mischief, suffering and disease upon multitudes who need protection from these vultures. Physicians should use their knowledge in the investigation and their influence in the correction of these evils, and if our State Board of Health can earn the honor of remedying this one iniquity, we shall all say well done.

Again, since medical science is as much concerned now with the prevention as the cure of disease, and should be the conservator of the public health, there are certain matters of knowledge to which the attention of the profession, especially our brothers of the rural districts, needs to be called. An examination and knowledge of the water supply, the drainage, the character of the soil, sanitary construction and ventilation of public and private buildings, all demand investigation and understanding, as full a third of the diseases we and ours suffer are preventable by this knowledge and personal care.

*Medical Progress.*—Allow me, gentlemen, this day to direct your attention to some of the advances that have been made in medical science during the past thirty years.

In no field of work has the progress been greater, the methods

of investigation more changed, the new theories and the new practice more wonderful, and the good results more astonishing. In all its departments, as well as in the correlated sciences, this movement is equally remarked. This wonderful and grand progress is worthy of review and comment. Go back and study the theories and practice of thirty years ago—and it is worth your while to do this, for I have neither time nor inclination to give you the most concise résumé of them now—and your onward movement in the right paths will be made most evident to you.

The profession in Europe and this country (for we were then followers of the English and continental schools) were most heroic and severe in their methods of treatment. It was puke and physic, once and again, for simple or grave ailment. Pur-gation was demanded by every case. The disease had to be eliminated by drastics—how often the vis vitæ was let out then statistics say not. Calomel was the panacea equally for ephemeral, malarial and septic fevers, idiopathic or traumatic, for inflammations and neuroses. And more than one doctor of that day have I heard say, “If I only could have salivated, I could have saved the patient.”

But this was not enough, blood must be let, and day after day the operation was repeated, till the disease or the patient gave way. And huge blisters must cover the bodies of adults and infants, and these be stripped and kept suppurating with irritating ointments. The poor patient, no matter what his disease, its course or nature, had to undergo all this in every case—and more.

This, gentlemen, is no fancy picture, but a reality brought to view from the tablets of memory. It is the therapeutics that was taught when I commenced the study of medicine. It was the practice when I first put out my shingle, and I know that I was a good and sound allopath—believe I am as sound to-day as I was then, and the only fault my fellows found with me was, that I would be a splendid doctor if I were not afraid to give medicine. But I kept on being afraid, and never blushed to compare statistics with them.

I say this is no picture. It was the practice of the men who

formed the American Medical Association, the fathers of that code, now a bone of contention, taught in their colleges and universities, and demonstrated in their hospitals. It was the practice in Europe and America. Who ever disputed it was called irregular and incompetent.

But, gentlemen, permit me to say that there was something of truth in all this mass of error. Emetics are useful, and some cases cannot be properly treated without them. The same observation applies to purgatives; but I must enter my protest against the indiscriminate use of purgative pills and mixtures, patent and pharmacopœial, for they are doing immense injury to-day, and especially in Missouri, for in many of her rural sections much of the old-time practice is yet in custom, introduced by men who picked up the practice of medicine from the old books, fifteen or twenty years ago, and are recognized regular physicians, adherents of the code and loud in their hurrahs for it, for they are all legalized practitioners by the first medical practice act of the state, registered according to law.

Blood letting has a legitimate place in the materia medica, and possibly we neglect it where it might be used. And blisters, too, are much too useful to be decried; and my experience has fully confirmed the teachings of the lamented Dr. Watson in his inimitable lectures, that in certain forms and stages of pneumonia they are invaluable, I might say indispensable. And mercurials cannot be rejected, for calomel has a place for which no substitute equal to it has been found; and the mercuric bichloride will shortly be, if it is not now, regarded as the most available and reliable germicide that we possess. It was the grave misuse, the routine prescription of so potent remedies, the unnecessary induction of salivation, which is a toxic and not a medicinal effect of mercurials, that led to the impeachment of these agencies.

Now what has wrought the change in the therapeutics of this and that day? Who deserve the praise for this wise change and grand advance in the methods of medication? Not the old school, for they were wedded to their theories and practice, and by their own confessions admit that the non-consultation clause in their code of ethics was solely adopted to freeze out all those

who chose to differ from them, or dared to introduce new methods of therapy. But the change has come, and come to them, and they cannot claim the honor, though they strive to reap the profit, and write as though they did not appropriate these discoveries.

The folly of this routine and heroic practice became evident about the same time, to the learned and unlearned, in Europe and America. Andral, in France, and Sir John Forbes, in England, demonstrated this fact, that "no treatment in a multitude of cases was better than the treatment then in vogue." These men, particularly the latter, were derided during their lives, believed when they were dead, their teachings and expectant treatment were followed, and the fruits of their principles and labors are visible in the practice of the day. Other names might be mentioned, but it is unnecessary.

But this same thought found being and expression, in stolid, philosophic Germany, about the same time, in disguise it is true, taught by Hahnemann under the doctrine of similars, but this was the pith of homœopathy: "No treatment in a multitude of diseases is better than the treatment in vogue," and wherever the old methods clung it is more successful. No wonder that many highly educated physicians, without understanding the reason why, found and followed the teachings of homœopathy, and approved the wisdom of their choice by the results of their practice.

But there was another class of men, the allopaths say, illiterates, uneducated, calling themselves herb doctors, some of them followers of one Samuel Thompson, who set themselves up to practice medicine without due qualification, and giving teas, and steaming patients, named themselves Eclectics, who came to the surface about this same time with Andral, Forbes and Hahnemann. Be this description of us by our regular brethren fact or fiction, it is none the less honorable to us, our name, and the work we have done. So grave were the errors, so great the blunders, so unfortunate the results of the teachings and work of the profession in this country, that the plain, uneducated, common sense, hard-thinking men of this new world of infinite inventions, discoveries and resources, conceived that there must

be some better way for the treatment of the sick, and if they did nothing more, confirmed by plain common sense the deduction of educated thought, that "no treatment in many diseases was better than the treatment then in vogue," or in other words, any change in therapeutics was desirable.

And these men honestly set about the investigation of remedies, and by application, as best they could, made up the deficiencies of their early education, and, impressed with the need of culture, set about to secure it for their children and others, and to-day their medical schools in the thoroughness and simplicity of instruction, in adaptation to their purpose, making doctors, need not be afraid of comparison with any schools that require the same time for graduation, the attendance upon two courses of lectures.

The result of all this has been a most careful study of diseases, materia medica and therapeutics, a more discriminating and intelligent use of medicines, a conscientious seeking after the truth, that is manifesting everywhere an eclecticism that is worthy of honor and continued imitation. And no intelligent or conscientious physician of any school at this day will inquire, whence comes a remedy or method, or who uses it? but only and always, what is best to save this life, or prevent suffering in this case?

We are eclectics—and this is eclecticism, to allow a man to practice according to the dictates of his conscience and judgment, and not to ostracize him because he does not tread in our footprints; and this leaven is working the whole professional lump, and will continue till the only code will be the interests of humanity, and all physicians are allowed to be eclectic, to choose by law and right, what good doctors do anyhow, ex-cathedra or not, what they feel and know to be best for their patients.

Quackery abounded in those days, as it prevails now—genus and species. As for a season, once the "tractors" were so wonderful in exorcising the spirits of evil, and men began to imagine the door of Pandora's box was about to be closed, and even in staid and sober London a hospital was building for these jugglers; so to-day, we have in our midst another healing agency, that claims it will leave us doctors nothing to do, or quarrel over,



the so-called faith cure, that is having its run, agitating theologians and scientists alike, to bring after little another smile, and make men wonder once more at the force and folly of superstition.

Charlatanry exists within and without the profession. There are quacks with diplomas as well as without. They infest and practice under cover of all the schools of medicine. Where there is wheat there will be tares.

The barbarous methods of practice into which the profession had fallen, with their efforts to crush out all opposition, and silence all of another opinion, opened wide the doors for successful quackery.

True, the regulars called homœopaths quacks, but that was surely a misnomer, for these men were educated in their schools, held their diplomas, were members of their societies, acknowledged by them to be competent practitioners, and left them because when they launched out a little to find a better way they were driven away. They called eclectics quacks, said they were an ignorant set of fellows, who ought not to be allowed to practice; but if they were ignorant, and moving in the dark, they too were seeking something better for humanity, and live to see their views and practices adopted, and themselves condemned for finding these principles.

But medical science has gained much by these divisions. They have been spurs urging her votaries to hard toil and most diligent inquiry. The allopath, seeing the success of the eclectic and homœopath, was forced to ask the reason, to study anew his art and science, and he found his errors, discarded his rude and rough therapeutics, and is pressing the science onward and upward in a noble and wonderful progress.

The homœopaths stumbled upon success, but never stuck too closely to his sugar pills, for the principles and thoroughness of his early education led him to use his old *materia medica*, when the "Zuckerwaaren" were likely to be ineffective. The eclectic in trying teas found many useful plants that are indispensable to any practitioner, and have a place in home and foreign pharmacopeias. His steam baths and other medicaments were less harmful, if not more useful, than the promiscuous prescription

of calomel and the lancet. And, sensible men that they were, learned that experience and observation, to be successful in the highest degree, needed the foundation of a thorough education—have sought this, and to a laudable extent succeeded in educating their school men, so that it can no more be said of them “there are but few educated men among them;” for, in proportion to numbers, their advancement and culture equal that of their brethren of the older school, and they have no intention of staying in their course; but propose, so fast as public sentiment demands it and the profession will be supported in it, to elevate their standard of qualifications, laying the broadest foundation, demanding the most thorough study of all the branches of medical science, giving their students all the theories of the action of medicines, laying down to them the *materia medica* of the world, bidding them prove what is good and use it.

And yet, with such purposes and aspirations, with hearts as large and brains the equal of any, trying to improve themselves and elevate the profession they love; skilled and successful surgeons, obstetricians and general practitioners, to be told that they are interlopers into the medical ranks, to be called quacks, and hear it whispered at Jefferson City a few days ago that if a certain school could control the Board of Health we would find it difficult to obtain certificates authorizing us to practice our profession—

Why, I would rather be a hooting owl,  
And move the hideous night, forsooth,  
With dismal sounds, than such a man.—[*Doctor.*]

In a review of the progress of medicine, one cannot omit the influence of the germ theory and antisepsis on this advancement. No thought in medical science has originated a greater change in theory and practice, in general medicine and surgery, than that destructive process of departures from the physiological state, the germs, bacteria, bacilli, micrococci, the body proceed to destroy always have a reasonable de-entrance of these germs; that to kill and eliminate them, and

Now there can be no question with either the intelligent layman or physician concerning the results of this germ theory, and of the invaluable benefit it has been to mankind, whatever view he may take of these micro-organisms; whether with Dr. William Hunt, of the Pennsylvania Hospital, he says, "No micro-necrosis, no micro-maggots, that is, food mostly in the shape of necrotic products, precedes the advent of the micro-organisms, however these may originate, whether animal or vegetable; and in disease these necrotic products first, plus the organisms second, play havoc with their environment," a view substantially held by Formad and Dr. Joseph Leidy; or, that these organisms are specific and primary in their operation—

\*That death with all its terrors, threatened there,  
Where, lo! unseen these secret eaters spread,  
And every nobler part at once invade.  
Swift flames consume the marrow and the brain,  
And the scorched entrails rage with burning pain;  
Upon the heart these thirsty creepers prey,  
And drain the sacred juice of life away.

One fact is conceded—they do exist. If primary and specific, they must be prevented and destroyed. If secondary and scavengers, they accumulate and multiply in such masses, so constantly get in the wrong places, that they must also be cared for and removed. Now necrosis of tissue we always have. Whatever hinders the removal of this necrosis matter endangers life. But there is excessive necrosis of tissue, of any, of all the tissues simultaneously, and this necrosis must be arrested.

Whether certain agents so largely used accomplish the purpose for which they are given as antiseptics, by destroying these micro-organisms, are true germicides—or whether they are only arresters of decay, preventers of necrosis, preservers of organic products, and by stopping the inroads of excessive tissue death, hold now the fort, and enable us to revive the wasted being, this fact certainly remains, that reason, observation and experience have taught us the value of these antiseptics in the prevention and cure of a multitude of diseases, and given the medical man far more gratifying results than were obtainable under any of the

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\*Adapted from the *Pharsalia* of Lucan.

old theories or methods of medication, and are explaining many things that were formerly illy understood.

Call to mind what Listerism, built on this germ theory, has done for surgery; and whether the surgeon believes in and follows Lister absolutely or not, there is no one but has adopted something from him, medicines, care, cleanliness of person, instruments and wounds, and the use of antiseptics to the open or protected wound, surgical or accidental; and the more closely he follows this germ theory the more gratifying to him are the results of his work.

What obstetrician now goes to patients without the possibilities of these germs, mistily or brightly, floating through his brain; and what care he takes lest he carry some germ, or leave a nidus for one—care of his hands, his person, his patients, perfect cleanliness and antiseptics, and this is bearing its fruits in the increased comfort and larger safety of the mothers of our race.

And the general practitioner is on the watch for these germs, these invisible, insidious destroyers, and his armamentarium is fitted with a view to their annihilation. He is after a bacterium in every malarial fever, and all that host of ailments that are now included under the term malarial. In consumption he finds the bacillus tuberculosis; and in every septic disease, in every zymotic fever, in every specific ailment, he is after a micrococcus. He is leaving no agent, animal, vegetable or mineral untried, but is testing the germicide qualities of them all. He is looking back at the practice of the fathers, and sees in calomel a germicide, and is applying this agent to the treatment of a specific fever, the typhoid, in conjunction with carbolic acid and iodine. And this much is doubtless true, "that the antiseptic method has had a favorable influence upon the course and termination of typhoid fever." This observation will apply to many other diseases. These agents may find no organisms to destroy, but they do prevent decay—alcohol, quinine, iodine, thymol, carbolic acid, baltista, gaultheria, the chlorides, mercurials and so on—and both Koch and Sternberg place mercuric bichloride at the head of the list, and the permanganate of potassa, iodine, carbolic acid, in the order named.

But this at least is true, that out of this germ theory has come

such a change, that the brilliant triumphs of operative and conservative surgery of the past fifteen years have been made possible, that in all other departments of medical practice it has saved multitudes of lives, and that its possibilities have not yet been measured, for we are only on the threshold of this unknown region, and daily new and useful things are brought to our vision. It explains the failure of the tearing down treatment once relied on, of the better results of the expectant plan, which left the forces of nature to fight it out themselves.

So we are not wrong in saying the grand onward march of medical science during the past twenty years, the things it has accomplished and that are yet possible to it, are to a large degree the result of that conception which sent the scientific world to look through the microscope for the agencies that were the sappers and underminers of human—nay, of animal life; and then to find the germicides that would remove and check the ravages of these pests, and make disease less dreadful, painful and destructive, and add to the sum of human happiness by decreasing the number of days of pain and adding to those of the comfortable state of existence.

Medical science has learned how to prevent and control pain, how to shorten the course of many diseases, how to heal without painful and exhausting suppurations, how to prevent tissue waste, how to arrest decay; and now its highest ambition is in expending its genius and force in the discovery of methods for the prevention of disease; the staying of wide-spread epidemics, that bring so much of distress and disaster with them; and surely the earnest study given to this problem, the concert of action and investigation, of experiment by boards of health, with the aid of all local medical societies and institutions, will give our profession the honor, before many years have passed, of being able to stay the march of the wasting pestilence.

But, gentlemen, I have already trespassed upon your time and patience, since you have all come to read, say and hear something, and with most of you the opportunities have been large, and you have availed yourselves of the privileges given you, and are here freighted with new and good things to entertain and instruct each other, therefore it is presumption in me to keep you,

only to tell you that we are marching on; that there are valleys ahead to tramp through and mountains to ascend, hard work to do, but also glorious rewards—and if any words I have said shall nerve you for the effort to climb higher than you have, then shall I feel that I have made ample compensation for the time I have taken from you.

Let us labor for a higher and more exact medical education; let us consider our end, and use for the good of ourselves and mankind the talents with which we are endowed; and let our lives shine with a sweet and simple goodness that will make us the factors of a force no other body of men can have for the ennobling of the spirits of men.

We have access to the homes and the hearts of the people as none others have, and the light we give is reflected all over the communities in which we live; therefore, we should increase our learning, that we may be more skillful and useful; we should improve our manners, that we may be the more welcome; and we should strive to have "right hearts within us," that we may leave an impress for a better and purer life on every home into which we are called.

And at last, when we have walked the weary way of life, and our work here is done, may we receive the

"Immortal Amaranth: a flower which once  
In Paradise, fast by the tree of life,  
Began to bloom; but soon, for man's offence,  
To heaven removed, where first it grew there grows,  
And flowers aloft, shading the fount of life;  
And where the river of bliss, through midst of heaven,  
Rolls o'er Elysian flowers her amber stream,  
With these, that never fade, the Spirits elect  
Bind their resplendent locks."

I thank you, gentlemen.

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### *EDITORIAL.*

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#### **The National Eclectic Medical Association.**

The National is over. Upon the whole, we had a good time. With the exception of a few annoying circumstances, the meeting gave general satisfaction. It is true, the Committee of Arrangements was unlucky or reckless in selecting a suitable

place for the occasion, and after meeting at Greenwood Hall, the first day, it was found that the noise from the street was so great that no business could be done with any degree of satisfaction. On the second day the meeting was opened at the Institute, where all the subsequent meetings were held. This was not quite so noisy, but bad enough; and how students can tolerate such an annoyance for five months at a stretch is more than we can understand; two days was enough for us.

Moving the meeting caused another unpleasantness that was greatly regretted by nearly everybody present: Parke, Davis and Co., and a few other exhibitors, had paid for privileges in Greenwood Hall, in adjoining rooms to those to be used by the National, and had spared no pains in arranging one of the finest exhibits of pharmaceuticals and chemicals that was ever displayed in this country. Of course, when the Association moved its quarters these exhibitors were left, which we regarded as a great injustice.

The Proprietors of Palace Hotel entertained the delegates in a very creditable manner. In fact, they seemed to take special pains to please everybody, and make their guests comfortable.

On the evening of the first day, at eight o'clock, Prof. Scudder had arranged for what he called a *symposium*! The Association gathered at the Institute upon time, and upon long tables were spread, in rather neat and tasteful style, soda crackers, cheese, strawberries and ice-cream. Of these nearly everybody partook freely. As these refreshments disappeared, bottles of beer, sherry and sour wine were brought out, and quite a number of delegates sampled these drinks, and appeared to like them better than Cincinnati water. Whether this part of the programme should be regarded as a credit to the convention or not is a matter about which there is much difference of opinion.

On the afternoon of the second day, the Committee of Arrangements, headed by Prof. Howe, had provided for an excursion and a grand lunch at the Zoological Gardens. In this Prof. Howe was aided by The Wm. S. Merrell Chemical Co., in the persons of Mr. Geo. Merrell and Mr. Hargrave, the active members of this firm. At 4 P. M., the mass of the Association started from the Institute and went to the Zoological Gardens

over the Narrow Gauge. The ladies of the convention, and the editors of the various medical journals, were taken charge of by Mr. Geo. Merrell and Mr. Hargrave, who had provided seven fine carriages to convey them to the gardens. These gentlemen went with us. They conducted us through the most beautiful part of the city, past the ruins of the recently bombarded Court-house, then north past the Work-house, House of Refuge, and into Spring Grove Cemetery. Here we were forcibly reminded of the past, amazed at the beautiful natural scenery, and more than delighted with the specimens of art, in the way of green and well kept mounds, fine tomb stones and towering monuments. Spring Grove Cemetery is a delightful burying-ground. The situation is favorable, high and rolling, and much of the scenery is natural. Many familiar names may be read on the grave stones, but nothing impressed us so deeply as the many green mounds dotted all over the grounds, which marked the graves of unknown soldiers of the late civil war. Not a letter was to be seen to say whose father or brother was buried there. But to know they were soldiers seems to be enough; the people about Cincinnati see to it that their graves are kept green. All honor to Cincinnati!

Leaving Spring Grove Cemetery we were conducted to Clifton Place. Here the aristocracy of the city live, and no finer homes can be found anywhere—perfectly beautiful! Next we reached Burnett Woods, a fine natural grove or park, where the hard and soft maples and the beautiful beech grow in perfection. Finally, we reached the Zoological Gardens. For variety and fine selection, this is one of the finest Zoological Gardens in this country. In its midst is the famous Zoological Garden Restaurant, where we all met at about 8 P. M. Here Prof. Howe, Mr. Geo. Merrell and Mr. Hargrave, with the assistance of a few others, had provided beautifully spread tables, furnished with a very fine variety of refreshments. These gentlemen took special pains to see that everybody was comfortable and amply served. Meats, bread, cakes, pies, various kinds of fruits, berries, ice-cream, lemonade, coffee, tea, and many things not here mentioned were upon these tables. Everybody seemed to be happy. After spending about an hour at the tables, toasts



were in order, and speeches were called for. In this part of the entertainment Dr. S. B. Munn, Profs. Wilder, Howe and Lock took active parts, exciting great merriment at one time, and then arousing a deep feeling. The latter part of the evening was spent in a general social, a few engaging in a hop. A fine band furnished the music for the occasion. At 11 o'clock all started for the Palace Hotel, where we arrived at 12 o'clock, everybody feeling that no better treat was ever enjoyed by any people. Great credit is due to the parties conducting this excursion, and their kind treatment will never be forgotten.

During our stay in Cincinnati we had occasion to visit the well-known houses of Thorp & Lloyd Bros., H. M. Merrell and Co., and the Wm. S. Merrell Chemical Co. For fine preparations these houses are not to be excelled; and the Wm. S. Merrell Chemical Co. has a massive establishment. They seem to be doing a wonderful business—extensive. They certainly deserve it. In specific medicines Thorp & Lloyd Bros. are doing a brisk business.

Regarding the business part of the convention, this year will compare well with the past. The reception speech by Prof. John King was excellent. The matter was very appropriate, and well delivered. The response by Prof. Alexander Wilder was first class. His words were all in the right place, uttered with an emphasis peculiar to himself, and forcibly impressed by gestures commanding head, hands and feet, not to be imitated by any living man.

The President's address was a model. It was delivered in Prof. Younkin's usual, easy, but forcible manner, and made a good impression.

The Censorial Committee had a good deal of work, and quite a number of new members were received. Nobody was rejected outright except Dr. Guild, of Nebraska, and a Dr. Henion, of New York City. Dr. Guild was not opposed by anybody, for he is a first-class man. He could not become a member because he had not brought with him the required credentials. Dr. Henion proved to be one of Warner's men, of "The Safe Kidney Cure Co.," and he could not come in. This seemed to offend Prof. R. A. Gunn, and he withdrew from the

convention. Prof. Gunn differs widely from the mass of the profession regarding the matter of advertising, and is out of harmony with the convention at present.

Much other business of interest was transacted. Many able papers were read. Prof. O. A. Palmer illustrated the use of the ophthalmoscope, and entertained the convention with credit. Prof. King read an elaborate paper on Medical Legislation. His address was fine, and delivered in first-class style; but, as Prof. Howe expressed himself, we could not endorse more than one-tenth of it, especially in a business point of view. But the convention differed about this, and finally passed a resolution ordering ten thousand copies to be printed for general distribution. This showed that the convention favored Prof. King's address. While we are sure that this address would do us and our cause great harm in Missouri and many other localities, it may do good in other places, and we do not object to those using it where they think it will do good for them and our cause. Different localities certainly require different measures, and we are willing that each society shall have what it thinks is actually required to promote its interests. Prof. Clark, of Chicago, opposed, bitterly, the move made against medical legislation, and his remarks were excellent—just to the point for us and our cause in the states of Missouri and Illinois.

The question of Medical Colleges was in for its share of debate, as usual. The two Iowa schools were present in the persons of Dr. O. H. P. Shoemaker on the part of King Eclectic Medical College, of Des Moines, and Dr. Hill on the part of The Eclectic Department of Drake University. They were shy and apparently jealous of each other, and both prayed for National recognition, but were both held over on probation for another year. Prof. Hill submitted rather quietly, but Prof. Shoemaker got hostile, and could hardly be silenced, but Prof. Younkin finally persuaded him to quit for a season.

All in all, the convention was a success. The attendance was large, and the receipts were quite full. Dr. Chas. Band, of Crete, Neb., sent in his check for one hundred dollars as is usual with him. He certainly deserves great credit for his liberality. This is certainly fine, but a regular attendance at *every meeting*

*of the National* is also to be remembered as worth a great deal. And here let us remember that James Anton, Alexander Wilder and S. B. Munn are *always on hand*. Do we ever pause to think about how much money and time these men spend for the National? Go when you will, or where you may, and these men are with us. Let us remember them.

But we are making the National report too long, and must leave something for the Secretary. The officers elect for the current year are as follows: President, H. K. Stratford, of Chicago; First Vice-President, J. Milton Welch, of Kansas; Second Vice-President, Wm. M. Durham, of Ga.; Third Vice-President, Wm. F. Curryer, of Ind.; Secretary, Alexander Wilder, of Newark, N. J.; Treasurer, James Anton, of Lebanon, Ohio. Place of next meeting left for Executive Committee to decide.

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### **The American Medical College.**

Students or practitioners who contemplate attending medical college the coming fall and winter are respectfully invited to investigate the advantages of the American Medical College.

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*Electricity and Diseases of the Nervous System* have special attention given them. For the benefit of students attending this school certain hours are devoted to lectures upon this subject, embracing the use of electricity in the treatment of all diseases where this agent is thought to be available.

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tem at the college, the students are taken, by classes, to the operating rooms, where the various galvanic batteries and electrical machines now used in medicine and surgery in this country, from the smallest to the largest, are upon exhibition. Here the students learn the practical workings of these instruments, and a knowledge of this department of medical science, amply sufficient to qualify them for successful practice, is gained in this way—*all free of extra charge.*

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### Electrolysis in Stricture of the Urethra.

Electrolysis is *the* remedy for stricture. A few weeks ago a gentleman from Illinois wrote me regarding a stricture from which he had been suffering for many years. It had not given him any great inconvenience till within the last three years. During this period he had not been able to urinate, except by drops, which was very tedious, and required quite an effort, and was always followed by an offensive discharge—urine, mixed with mucus and seminal fluid. He had consulted different surgeons, who had examined the case thoroughly, but none of them had ever succeeded in entering the bladder with any kind of an instrument. He had been advised to submit to having the stricture cut, which he refused to have done, as he knew this operation was very painful and attended by great danger. I undertook to pass sounds, but could not pass anything nearer than to a point about three inches from the neck of the bladder. There was but little tenderness, but the stricture was very hard.

*The Operation.*—Upon the end of an insulated metal bougie I fixed an egg-shaped metal point, in size corresponding to a No. 10 sound, English scale. I oiled this bougie and introduced it into the urethra down to the stricture. I here held it firmly while I attached a conducting cord to its handle, the other extremity of which I had previously connected to the negative pole of a galvanic battery. I next placed a sponge electrode in the patient's right hand, and attached the other end of the conducting cord to the positive pole of a galvanic battery. Now the insulated

sound is in place, the exposed metal point upon the stricture, in the urethra, connected with the negative pole of a galvanic battery, and the patient holding a sponge electrode in his right hand, which is attached to the positive pole. I carefully conduct the insulated sound, while an assistant commences to move the commutator of the battery, connecting one cell at a time, till eleven cells are taken into the circuit. This produced a slight burning sensation—not painful. I carefully conducted the insulated sound, did not use hard pressure, but could very sensibly feel that it was moving slowly toward the bladder. In just five minutes from the time I commenced, the stricture was relaxed and the instrument passed into the bladder. I carefully withdrew the sound, asked the patient to rise and make an effort to urinate. To his great surprise he passed a full stream of water, without pain or distress of any kind. I now handed him a gum bougie No. 10, which he passed into the bladder readily without my assistance. I put him upon gelsemium, and asked him to call and see me in about a month. He kept the urethra open once a day for a week with the gum bougie, and never had any more trouble. When he called to see me again he was well, with the exception of an occasional appearance of the offensive discharge before mentioned. I am sure that as the roughness occasioned by breaking down of the stricture disappears by absorption this will entirely cease. *Organic stricture cured in five minutes!*

About ten days ago our Prof. Rutledge brought a gentleman to my office who had suffered from organic stricture for several months. No instrument could be passed into the bladder. It was very difficult for him to urinate, and the process was so slow that it gave him great annoyance. I examined him carefully, and found a very hard stricture in the region of the prostate. I had one of McIntosh's eighteen cell galvanic batteries on my table, one of the most convenient and suitable machines for this operation I have ever used, and I proceeded exactly as in the first case reported, using the same insulated sound and exposed metal tip. As I connected seven, eight, and finally eleven cells of the battery the instrument began to move forward slowly, but the stricture was very hard, and it required time to

relax it. As relaxation was produced, a hemorrhage—not severe—appeared, and we could not continue the operation to completion at this time, so we withdrew the bougie, put the patient on gelsemium, and ordered him to return in ten days. On the 23d of June he came back to have the operation completed. He had not suffered any inconvenience from the former operation, but could not urinate any better than before. I tried to introduce sounds without the battery, but failed. I again commenced the electrolysis, using the same insulated bougie and metal tip, with the McIntosh battery. I connected eleven cells. He complained that this burned a little and I reduced it to eight cells. Here I held him, carefully manipulating the bougie. I could feel that the instrument was moving toward the bladder, and in about six minutes the stricture was passed, and the instrument entered the bladder. I carefully moved the instrument back and forth a few times so that the exposed metal tip might thoroughly soften the stricture, and then withdrew the bougie. I asked him to get up and urinate. He said he would urinate if he could. To his surprise and great delight he passed a good stream, freely and without pain, such as he had not done for many months before. I ordered that he should have gelsemium for a few days, and am quite sure, he is virtually cured.

This practice we can recommend to anybody who has skill and judgment enough to manage the instruments. And no better battery can be found for the purpose than McIntosh's improved eighteen cell galvanic battery.

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#### **The Social Element of the American Medical Association (Allopathic).**

The editor of the *New York Medical Journal* says that "A resident of Washington writes to us as follows: 'The usual disgraceful performances took place at the receptions. Mrs. L. generously opened her beautiful house, and provided as fine a table as Demenet could serve. She was rewarded by having men stalk in (hats on their heads) from the front room to the dining-room, where they fought like wolves for places at the tables, overturning piles of plates, breaking her expensive ornaments, and soiling her rugs with pools of tobacco-juice.'"

Now see how the editor puts it. Says he, "We all know that a small army of hangers-on attend the meetings of the American Medical Association, and that most of these fellows manage to get cards admitting them to the receptions, where their boorishness tends to bring the association into discredit."

It is strange that men of science will hold communion, eat and drink with such interlopers. Men of strict ethics ought not to be found in company with hoodlums. But now is it not a fact that the editor of the *New York Medical Journal* is only trying to apologize for the code boys. The facts may be that the members of the American Medical Ass. did it all. Y.

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### BOOK NOTICES.

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#### A. A. MELLIER'S ILLUSTRATED CATALOGUE AND PRICE-LIST OF SURGICAL INSTRUMENTS AND APPLIANCES.

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ELEMENTARY PRINCIPLES OF ELECTRO-THERAPEUTICS, with 135 illustrations.—Prepared by C. M. Haynes, M. D. Designed for the use of students and physicians. This volume of 420 pages, cloth, contains in a clear, concise form, with no attempt at theorizing, the elementary principles of Magnetism, Franklism, Galvanism, Faradism. Price, \$2.00. The McIntosh Galvanic and Faradic Battery Co., 192 and 194 Jackson Street, Chicago, Ills.

We have examined this work carefully, and find it well up to the times. While no attempt is made toward the advancement of new theories, or any pretensions toward originality claimed, the book is full of sound, practical matter, the facts being drawn from reliable sources and clothed in appropriate plain language;

and the work is admirably arranged for practical reference. Since electricity is coming to be a real necessity, it is well for every physician to provide himself with two or three good works upon this subject, and we can recommend this one as safe, sound and practical.

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**HELPS TO HEAR.**—By James A. Campbell, M. D., Professor of Diseases of the Eye and Ear, Homœopathic Medical College of Missouri. A neat volume in cloth; 100 pages; 75 cents.

We have examined this work carefully, and must say that we have wondered how it could be possible for anyone to devote so much time as it must have taken to prepare such a book for the small price of 75 cts. First, the question — which is more preferable, Blindness or Deafness? Then the Anatomy and Physiology of the Ear; How Sounds are produced; How they reach the Ear; Mechanical Aids to Hearing; Theory of the Ear Trumpet; Different kinds of Ear Trumpets described and illustrated; Audiphones, Dentiphones, Auduit Osteophone, and, finally, Telephone; and all along the way the book is finely illustrated, and scholarly in the strictest sense of the term. It is worth much more than it costs.

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**A TREATISE ON ELECTRO-THERAPEUTICS, CLINICAL CASES, ETC.**—By J. H. Woodward, M. D., of Seward, Neb.

This is an elementary work of 106 pages, cloth binding, price \$1.50. Address the author at Seward, Neb.

Prof. Woodward has aimed to make his work practical in character, and how far he has succeeded in this effort remains for his readers to decide. The book shows evidence of haste, or a want of proper care in its preparation, for which we are sorry. Our men, in getting out books and in publishing journals, should be scrupulously careful how their productions appear, for unless we do as well, or even a little better than others, we are *downed* by the first stripling that meets us. We hope that in the revision of this work Prof. Woodward will use due care.

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**VETERINARY MEDICINE AND SURGERY IN DISEASES AND INJURIES OF THE HORSE.**—By F. O. Kirby.

This is No. 12 of Wood's Library for 1883. It is a compila-



tion from standard and modern authors upon these subjects, and appears to embrace all that is useful upon this subject. It is well illustrated, and, we find, is well endorsed by men who practice veterinary surgery. Even if we do not wish to become horse doctors, this is a valuable book to have on hand. There are so many quacks among those who pretend to manage sick horses, that when I have a horse sick I leave him to nature rather than trust him to the foolish treatment many horse doctors suggest. But this book is one that abounds with sensible suggestions, and we may be able to save a fine and valuable animal by reference to it in a critical moment. Wm. Wood & Co., New York City.

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### *MISCELLANEOUS PARAGRAPHS.*

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#### **Tongaline.**

G. G. Lankhead, M. D., Kenton, Ohio, states: "In those forms of neuralgia and rheumatism of a malarial origin—and most seem to be of that type—I have been highly gratified by the action of Tongaline in conjunction with quinine—the therapeutic properties of both seeming to be accented under these circumstances. With each dose of Tongaline I prescribe two to five grs. of quinine, according to the severity of the attack and the susceptibility of the patient to the effects of latter. Thus far have not experienced a single failure."

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#### **Minutes of the Fourth Annual Meeting of the State Eclectic Medical Association of Arkansas.**

The Association met on the 21st day of May, 1884, at 4 o'clock P. M., at Cabot, Lonoke Co., Ark., in the Masonic Lodge.

The Association was called to order by the President, J. M. Park, M. D. Roll called by Dr. J. F. Bell, Cor. Sec. Minutes of last meeting read and approved. The Cor. Sec. read his report, and on motion by Dr. Slaughter the report was accepted. The Sec., Dr. Cook, being absent, no report was presented, the Cor. Sec., Dr. Bell, acting as Secretary. On roll call the following members answered: Drs. J. N. Furguson, W.

Slaughter, R. L. Browning, J. L. Park, M. Harper, J. F. Bell. The majority of the members not yet arrived. On motion, Drs. J. W. Tibbeis, of Sharp Co., and J. H. Gardner, of Pope Co., were received as members. Dr. Craft was elected Honorary Member. Motion by Dr. Browning, that the article of Dr. Stephenson, "Eclecticism vs. Allopathy," be read. (Dr. Stephenson not present.) Drs. Furguson, Browning and Tibbels were appointed as publishing committee. Dr. W. Slaughter presented a printed article of the Allopathic Medical Association of Fort Smith. This article was condemned by the Association as exclusive and bigoted. Dr. Browning related a case coming before him, which was intelligently discussed. The Association then adjourned, and by special invitation of the ladies of Cabot repaired to the church to partake of a magnificent banquet.

MAY 22d.—The Association met at an early hour. Were called to order by the President. An address of welcome was delivered in an eloquent manner by Prof. John T. Park. The address was able and appropriate. Next was music, by Miss M. F. Pruitt, of Russellville, Ark., assisted by the ladies of Cabot. Dr. R. L. Browning, of Judsonia, Ark., delivered the response, and acquitted himself with honor. Music, by Miss Pruitt. The President delivered his address, which was learned and appropriate. Music by choir. Dr. Bell read an essay—"Relationship between Physician and Parent," which was full of truth and won considerable applause. Music by choir.

• Association adjourned for dinner. Dr. Dumas, of Bald Knob, and some other members being present to-day. There were several citizens present during the morning session, amongst whom were several medical gentlemen of the Old School.

*Afternoon Session.*—The Association, in mass, visited a Mrs. Stovall, who has been an invalid for years. Drs. Dumas and Slaughter were appointed to examine her by the President, which they did in an intelligent manner. The members then came together, and the case of Mrs. Stovall was discussed at some length, Drs. Slaughter, Dumas, Browning and the President taking an active part in the case.

Mrs. Hudson was introduced to the members, by Dr. J. F.

Bell, for examination, which was done, and treatment advised. Dr. Bell requested treatment for Mrs. Bettie Troths. Advice was given by the Association. Dr. M. F. Dumas read an article on "Uterine Displacements," which elicited considerable discussion, the doctor condemning the pessary as a nuisance, and claiming that the ligaments had less to do in supporting the uterus than thought by the majority of writers; that the muscles of the peritoneum, the vagina and perineal muscles had more to do in giving support to the uterus than the ligaments. As special remedies in uterine displacements, prolapsus, etc., the doctor advised the use of spec. trs. of aletris, convallaria majalis and the 6th and 8th triturations of Lapia. Considerable time was taken up dicussing this subject. Association adjourned to meet at Masonic Hall after supper for a night session.

The Association came together at 8 o'clock P. M. House called to order by President. On motion of Dr. Dumas a committee of three were appointed by the President on Medical Legislation. Drs. Dumas, Slaughter and Furguson were appointed — Dr. Dumas, chairman. On motion of Dr. Dumas a committee was appointed by the President to take proper steps to incorporate the Association as an institution of learning, by obtaining a charter from the State for the same. The Committee on Medical Legislation were appointed to attend to this business.

On motion of Dr. Dumas the following resolutions were passed by the Association: "That as Eclectic physicians we are opposed to medical legislation, believing all such laws to be unconstitutional, unscientific, illiberal, unjust, tyrannical, and tending to prevent progress in medicine. That we also demand equal rights under the law with other schools of medicine. We are opposed to all laws giving any one school of medicine the power to injure or crush out any other school, and that we are satisfied with the present medical law, when properly enforced."

The resolutions of Dr. Dumas were formed to meet the present bill, gotten up by the self-constituted "regulars," creating a State Board of Health, and said State Board of Health to become the examining board for the State, and the members of the Board shall be graduates from a *regular school of medicine*. If such bill should be pushed upon us, we demand and insist

that an equal number of *Eclectic* and Homœopathic physicians with the Allopathics shall be appointed on said Board.

Dr. Gray (Allopath) related the case of his wife to the members, requesting their advice. The case being discussed was prescribed for.

It was moved and seconded that the resolutions gotten up by Dr. Dumas be presented to the members of the next General Assembly, which was adopted.

The Association went into the election of officers for the next year. Dr. J. W. Pruit, of Russellville, was elected President; Drs. W. Slaughter, of Fort Smith, and M. F. Dumas, of Bald Knob, were elected Vice-Presidents; Dr. R. L. Browning, of Judsonia, Secretary; Dr. J. M. Park, of Cabot, Cor. Secretary; Dr. R. H. Gardiner, Treasurer.

Dr. J. M. Park was unanimously elected as delegate to the N. E. M. Association. On motion of Dr. Dumas it was ordered that the Association defray all the necessary expenses of its delegate to and from Cincinnati. The Secretary was then ordered to notify all members in arrears for two years to pay up immediately, or stand expelled, as the constitution directs.

Dr. Slaughter then made a motion that the President and Secretary, in behalf of the Association, thank the people of Cabot for the kind hospitalities extended to its members while sojourning amongst them.

Little Rock was appointed as the next place of meeting. The regular business being finished, on motion the Association adjourned, to meet at Little Rock, Ark., on the 3rd Wednesday in May, 1885. This meeting was one of the best we have had, and it was urged that all members be in attendance next year.

R. L. BROWNING, Sec'y.

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#### Galvano Puncture of the Prostate.

The Cincinnati *Lancet and Clinic*, quoting from the *Berlin Klin. Woch.*, gives five cases as reported by Dr. Bredert (Hageman), principally of senile hypertrophies of the prostate, in which either one or both lobes of the gland were enlarged, and in all of these the catheterization was impossible, or could only be performed with great difficulty by bending the instrument.

In analogy with the employment of electrolysis upon other tumors, the doctor tried it in these cases with very good results in diminishing the size of the gland. He used for this purpose a needle electrode, insulated except at its point, which he pushed into the enlarged gland. This was connected with the negative pole, cathode, of the battery, while the positive was applied to the chest or abdomen. The diminution of the organ took place with astonishing rapidity. In one case this occurred after the third application.—*Chicago Med. Review.*


### **Horsford's Acid Phosphate in Gastric and Nervous Derangement and Fevers.**

Dr. T. G. Comstock, Attending Physician at Good Samaritan Hospital, St. Louis' Mo., says: "For some years past we have used Horsford's Acid Phosphate in this hospital in a variety of derangements characterized by debility, as also in chronic gastric ailments, dyspepsia, nervous conditions and nervous diseases, and as a drink during the decline and in the convalescence of lingering fevers. It has the unanimous approval of the medical staff of the hospital.

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AMERICAN MEDICAL JOURNAL.

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VOL. XII.

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No. 8.

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*ORIGINAL COMMUNICATIONS.*

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**ART. XLVII. — On Movable Plaster Dressings.—By PROF. E. YOUNKIN, M. D.**

When the manipulation of plaster of Paris is properly understood, it is one of the most admirable adjuncts to the surgeon's armamentarium; and when we take into account the cheapness of the material and the small amount of time required in obtaining the necessary knowledge for its use, we are surprised that more use is not made of it.

The time of setting a fracture, fixing a diseased joint, or bracing a crooked back, is not the time to study the methods of manipulation. The young surgeon should do his experimenting when the apparatus is not required. Let him practice on *models* of arms, legs and bodies, over pieces of wood, or hire a boy, sound in limb and body, to undergo the series of experiments, until perfect familiarity is made in the plaster casts.

The usual plan of capsulating a limb with the plaster of Paris bandage is in many cases objectionable. It is dangerous until the swelling subsides; when applied, the parts cannot be so carefully watched, and with considerable difficulty is it removed. I have labored to overcome these perplexities, and I flatter myself that the object has been accomplished to a very large de-

gree in the use of the movable plaster of Paris splints. These are very quickly and easily made, when once the surgeon knows just how to proceed.

The surgeon should provide himself with the best dental plaster of Paris, a few yards of the cheapest or thinnest muslin—thin gauze or cheese-cloth—and a roll of cotton-wool. A measurement of the limb or trunk is made around the part desired to be covered; the shape is determined, and a pattern is first cut from the fabric at hand, so that when the limb is enclosed a space of from one to two inches remains uncovered between the edges of the pattern.

From four to eight sheets are now cut from the muslin, the size of the pattern. The number will be according to the amount of strength required. Five or six sheets make a good average splint, three or four layers will do for a child, and eight or ten may be required for an older person.

The first layer is spread out upon a table and sprinkled with a stratum of plaster, which is then smoothed over with a spatula; the next layer is then placed over this, and in like manner spread with the plaster. Thus the process is continued until a sufficient number of sheets are laid in the dry plaster. These are now laid up carefully and put to one side ready for use.

The limb or parts to be covered with the splint should now be enveloped in a layer of cotton, a bucket of water should be secured, and a roller bandage without the plaster of Paris.

All things being in readiness, the roll of lamellated plaster dressing should now be held under water in the bucket until all the bubbles cease, when it must be taken out, momentarily pressed with the hands, unfolded, and at the same time made to enclose the parts for which it was designed. The unimpregnated roller bandage is now wrapped around this, and the parts are held in proper position until the plaster is set.

After the lamellated dressing is once moulded to the parts, the roller bandage may be taken off, and the capsule can thereafter be supported by simple strips of muslin once encircling the splint and tied in double bow-knots. The lamellated capsule, with its edges not meeting each other, allows it to be sprung and removed at all times, thus affording a ready means of in-

specting the parts. This method of using plaster-of-Paris I have employed for a number of years. The sheets may be made big or little, thick or thin. The dressings may envelope any part of the human frame. It is not intended that plaster dressings shall answer all purposes, but only those where the parts must be immovably fixed.

The reader will better understand our methods as we proceed to illustrate their application to the different parts of the body.

I. *The Plaster Jury Mast.* The head and neck may be immovably fixed, as seen in Fig. 1, a most admirable appliance



Fig. 1.

in recent injuries of the cervical vertebra, and where the movement of the head gives pain and is productive of mischief.

Cut eight or ten strips of gauze, about five feet in length by two and a half or three inches in breadth. These strips should now be laid one upon the other and interlaid with plaster, after which they are rolled up from each end as a double roller. The hair of the patient's head should be cut short and cotton-wool applied around the head, ears and neck. The lamellated double roller is now drenched in the bucket of water, and applied by commencing at the forehead and unfolding at each side, towards the occipit, keeping above the ears. As the back part of the head is reached, the two ends of the roller are crossed and brought forwards beneath the ears, and made to cross again



upon the breast, then carried into the axillæ. These may now be secured with a common roller until the plaster hardens.

II. *Movable Splint for Fractures of the Thigh.*—The following method is of great service in fixing the thigh. It is especially applicable in fractures of the upper third of the femur in children, where there is liability to displacement of the fragments by moving about. A pattern is cut out, as seen at B,

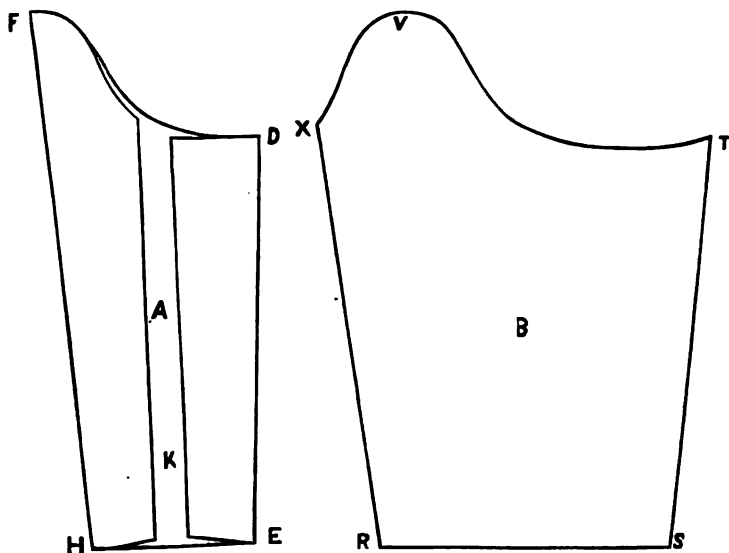


Fig. 2.

Fig. 2. The circumference of the leg is taken just above the knee, as from R to S; then around the thigh at the perineum, X to T. The length of the pattern must reach from the crest of the ilium to the knee, V to R. The pattern should be from one to two inches less in width than the circumference of the leg. The muslin or gauze may now be folded, as at A, and measuring from the knee, E, to the perineum, D, the scissors are set at D, and you cut in a curved manner to F, the crest of the ilium. Fig. A represents Fig. B, folded, as it fits on to the leg, with a space, K, between the edges.

From six to eight sheets are now cut and treated with plaster as previously directed, after which they are folded or rolled and

ready for use. A lamellated bandage to encircle the pelvis must now be cut and prepared as the former.

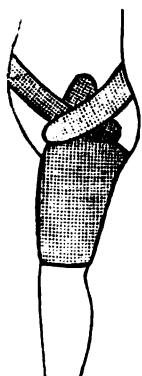


Fig. 3.

The parts are now enveloped in a thin sheet of cotton, and the thigh piece is first applied and secured with a roller bandage. The body piece is next applied, the ends overlapping each other, and over the thigh-piece. These are rubbed together, and when the plaster is set the two pieces are thoroughly amalgamated. See Fig. 3.

Thus the femur and hip-joint are firmly secured. This apparel is very easily and quickly made, and it requires no effort of the mind to retain the essential features of the pattern.

III. *The Movable Plaster Jacket.*—This is a plaster jacket with laces, to be taken off and reapplied at pleasure. Take two-thirds of the circumference of the body at the axillæ, and also at the crest of the ilium. Cut out ten sheets accordingly. Five of these are to be treated with plaster, laid upon each other and rolled or folded; the other five in the same manner and in a separate roll. A couple of pieces of soft leather are now secured, two inches wide and as long as the jacket is expected to be in front. Eyelets are made in one edge of the leathers and strips of tin in the other edge, as seen in Fig. 4. The tin strips may be thrust through slits in the leather and simply bent upon themselves. Rough holes may be punched into the tins, thus affording better holds for the plaster.

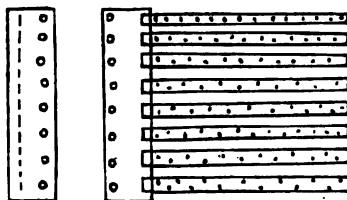


Fig. 4.

All things now being in readiness, the patient's body is enveloped in a sheet of cotton-wool and placed in proper position.

The first roll is now dipped into the water, and when thoroughly drenched it is made to cover the back and sides. While this is held by a couple of assistants, the leathers with their tins are quickly placed upon the jacket and held to their places. The second stratified roll is drenched and made to cover all, ex-

cepting the leather eyelets and one half the selvage. A temporary bandage is immediately placed around all, and made to bear snugly to the jacket until dry, when the roller may be removed and the eyelets threaded with the proper laces. The time in applying the corset is only measured by seconds, but the dressings are as easily applied as a poultice. Thus we have a jacket of stone-like hardness that can be taken off and reapplied at pleasure. Since I have seen patients suffering with chafings and excoriations in the use of the unremovable plaster jacket, I have learned to overcome these difficulties.



Fig. 5.

of gauze, double the length from the knee to the sole of the foot, and in breadth from three to four inches, according to the size of the leg. These strips are now laid in plaster and rolled from each end, thus forming a double-headed roller. After the fragments are adjusted and the leg is enveloped in cotton, the lamellated splint is drenched in water, and, commencing at the plantar arch, the splint is unrolled up each side of the leg to the knee. An assistant grasps the ends of the splint and retains it while the surgeon applies his unimpregnated roller bandage over the splint. In a short time the plaster is set. The roller can then be removed, while the moulded splint on either side allows all necessary inspection between its wings. When the bones are sufficiently united, the splint may be sprung so as to remove it entire and again reapplied. In cases of swelling there is no crowding, and when the limb contracts the splint readily conforms to the parts. Such dressings can be applied immediately without waiting to see the amount of swelling. The elbow joint can be fixed with an angular splint of plaster-of-Paris.

*IV. Lamellated Splint for fractures of the Tibia.*—In fixing fractures of the leg—especially fractures of the tibia—I cut six or eight strips

The pattern may be cut as long as desired, and wide enough to cover one-half the circumference of the arm. At the elbow the sheets should be cut through upon each edge to the extent of an inch, so that when turned at right angles the corners will overlap, and, as it were, weld together as seen in Figure 6.

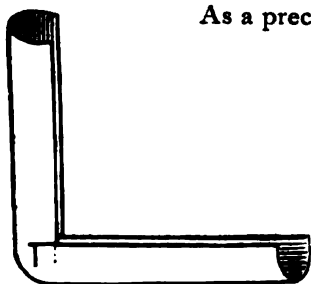


Fig. 6.

on too long, ankylosis may follow.

As a precautionary measure I never use plaster of Paris to fractures of the bones of a forearm, unless it is to hold a flat splint of shingle or book-binder's board. Without the latter the bones would be drawn together and the arm crippled in its action. If used over joints, it must be borne in mind that the passive motion is prevented, and, if kept

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**ART. XLVIII.—*Ophthalmia Neonatorum.*—By O. A. PALMER, M. D.**

This disease should be well understood by every general practitioner, because it is a dangerous affection and many eyes are lost by unskillful management. In the rural districts this disease is treated by the country physician, and unless he has a good knowledge of the trouble he will be liable to do much harm, and the little patient stands a good chance to lose one or both eyes. I think that no person should undertake the care of a case without "reading up," unless he has a good knowledge of the subject already in hand. I believe that the disease can be managed by a general practitioner, if he carefully watches and treats the conditions as they appear. If the disease is recognized early and properly treated the prognosis will be favorable.

Infants are liable to have a simple conjunctivitis that usually passes away in a few days, if the eyes are kept clean and properly protected from all irritating causes. These simple cases may continue for weeks, with some discharge, and pass into a condition similar to granular lids, or the *papillæ* of the conjunctiva lining the lids may become hypertrophied. In treating these cases I determine the cause and remove it as soon as possible.

See that the nurse or mother is not doing some improper thing in washing or otherwise caring for the child. Use cosmoline on the edges of the lids, and bathe the eyes with milk and water or a weak solution of boracic acid. Warm calendula water is very good to use in place of the milk and water or boracic acid solution. Sometimes a few doses of the indicated remedy may be needed to give relief. Sulphur, puls., or aconite is the most frequently called for. Be sure that the baby is properly fed and that the surroundings are favorable for recovery.

Usually, purulent inflammation of the conjunctiva appears from the second to the sixth day after birth, and when it does it is generally supposed that the eyes are inoculated by the vaginal discharge of the mother during its passage into the world. If the disease appears after the first week it is generally thought that it could not have been the result of an inoculation during the birth, but by some other way. A careless nurse or mother may transfer a portion of the vaginal matter to the child's eyes. It is well to enquire about the soap that is used in washing the child and see that it is the best. I always state to them that they must not get any soap-suds into the baby's eyes. Foreign bodies as well as impure air may be the cause. It is stated by some authorities that prophylactic measures can be used to prevent this trouble, but my experience has taught me that there is nothing certain about these, but I think they should be used. The physician should ascertain whether his patient has any vaginal discharge; if she has, it should receive proper attention prior to confinement. Use cleansing vaginal injections of warm water, containing either boracic acid, chlorate of potash or carbolic acid, some days before delivery, which will lessen the danger of infection. Some writers claim that as soon as the child is born the accoucheur should cleanse the lids with bits of soft linen or absorbent cotton; also remove all secretion from the cilia; wash the eyelids and parts around the eye with some weak antiseptic solution. This, no doubt, would be a good thing if carefully done, but if it was done as I fancy some would do it—with soiled hands—I think the risk would be less to let nature look after the case. Some think that if one drop of a one-grain sol. of nitrate of silver is dropped into the child's eyes

immediately after birth they will not be liable to a purulent inflammation.

In a true case of ophthalmia neonatorum we generally find the lids a little swollen and a slight flow of tears about the second or third day. Soon the redness of the lids increases and extends to the angles. The ocular conjunctiva becomes bright red, and the swelling about the eyes is greater, so that it is difficult to open the lid in some cases. The discharge, at first, is mostly tears, but soon it looks like whey. Photophobia is an annoying symptom with many. If we divide the symptoms into stages, we would now enter upon the second stage. The swelling is extensive and the lids are closed. The discharge consists of a thick and creamy pus. On account of the swelling the upper lid overlaps the under one. The conjunctiva is thickened and generally covered with a muco-purulent matter. Later it is decidedly purulent. The cornea becomes endangered by the chemotic condition of the conjunctiva. The chemosis causes a compression of the vessels which supply the cornea, and if this continues too long the corneal tissue is sure to break down. When they are opened the discharge will gush out very freely, and if the nurse or physician is not very careful it may fly into their eyes. The pain and febrile symptoms cause the child to be restless and refuse to take food. If the disease is light, the child may not seem to suffer any constitutionally. In the majority of cases this affection terminates in recovery. The inflammation may pass into a chronic condition and granulations result, or an enlargement of the papillæ of the lids may be the termination. If the cornea becomes diseased, it is generally from six to eight days after the trouble commences. A small portion or the whole of it may be involved. As it is constantly covered with pus its epithelium is liable to be lost. When the epithelial layer is destroyed the cornea will look steamy or hazy, soon turn yellow, and end the suppuration with perhaps loss of the lens, a prolapse of the iris or atrophy of the eyeball. The strangulation of the corneal vessels may be so complete as to cause a total loss of the cornea in from thirty-six to seventy-two hours. Due care should be used in order to detect the marginal or central ulcer that may be formed. As a rule, both eyes are affected, but I have seen only one eye diseased, the other remaining healthy.

In every case the physician should keep himself posted in regard to the condition of the cornea. If the disease is severe it should be examined every few hours. In making the examinations be sure and examine the eyes as you would like to have yours, if you had purulent inflammation in them. The suffering caused by a harsh examination is sometimes very great.

The oblique illumination is often very beneficial to determine the condition of the cornea. When an examination is to be made, first remove all the secretions from the cilia and lid margins with absorbent cotton or bits of linen, then separate the eyelids by applying the fingers above and below, while the child's head is held between your knees. Small lid-retractors can be used to separate the lids.

This disease lasts from two to six weeks, but it may continue much longer, if not properly treated. All should remember that this is a contagious trouble, and that cleanliness is necessary on the part of every one.

In treating this disease it is well to see that the directions are followed. If it is possible, have the child kept in pure air and a well ventilated room. Shade the eyes from the light. The discharges should be removed from the eyes frequently with absorbent cotton. It is well to use cosmoline on the edges of the lids. I think that arg. nit. should be used both locally and internally. One or two drops of a solution of arg. nit. (gr. ss. to j., aq.  $\mathfrak{z}\mathfrak{j}$ ) should be dropped into the eyes two or three times daily. A weaker solution can be used and put into the eyes oftener. Boracic acid solution (gr. v, aq.  $\mathfrak{z}\mathfrak{j}$ ) can be used in the place of the arg. nit., but I think it is not as good. Internally the baby takes one-half teaspoonful of the following every two or three hours: 1 to 2 grains of the 6 dec. trituration of arg. nit. is dissolved in  $\mathfrak{z}\mathfrak{i}\mathfrak{v}$  of water, and kept in a covered glass or in a well corked bottle. When the cornea is involved, bathe the eyes frequently with warm water, say every fifteen or twenty minutes, and drop into the eye from an eye dropper one drop every three or four hours of a solution of atropine (gr. 1-8, aq.  $\mathfrak{f}\mathfrak{z}\mathfrak{j}$ ). Sulphide of calcium in very small doses is a good remedy where the cornea has an ulcer on it. The child should be well nourished.

**ART. XLIX.—Some of the Points Left Out of an “Interesting Case.”—BY A. JUNIPER, M. D.**

Dr. S. W. Ingraham, of Chicago, gives an account of an interesting case, the record of which is found in the July number of the JOURNAL.

The case reported is not only interesting to himself, but strange and peculiar to the reader, as well as the rare result of such an operation.

Dr. Ingraham says that in October last he was called to prescribe for a man suffering with “typhoid fever and intussusception.” Just how the doctor was able to make such a diagnosis we are not told. The sequel shows that the doctor had a case of typhlitis. Now, the patient had suffered for seven or eight days, say with typhoid fever and intussusception, under the treatment of Dr. Arndt, at which time said doctor was discharged and Dr. Ingraham was called, or, as it is stated, “they employed *me* instead.” Whether the friends of the patient acted wisely in the change may never be known.

Under the grave complications, as Dr. Ingraham had found them, he foreshadowed the necessity of being “heroic.” Hence, the first dose was forty grains of quinine and one grain of opium. The wisdom of the doctor is seen when the reader reflects what the result might have been had forty grains of opium and one grain of quinine been given. The next day digitalis was given *heroically*, then bromide and gelseminum *heroically*, with another dose of forty grains of quinine. It is interesting to know that with all a rapid improvement took place.

But later on the doctor was again called and diagnosed his typhoid fever and intussusception case as a “stercoraceous abscess”—to the right and below the umbilicus. What is that?

“Now,” says Dr. Ingraham, “I determined to open it, and I advised them to call some other reputable surgeon if they thought advisable.” The friends thought it advisable, and, mark you, “*some other reputable surgeon*” was called. How beautifully the reputation of a reputable surgeon is saved by calling “*some other reputable surgeon!*” This expression has a great deal in it, for it absolutely declares that the present incumbent is also a reputable surgeon.



So Dr. B., surgeon-in-chief to some hospital, was called. The consultation was made, and Dr. Ingraham says "there was no difference in opinion between us." Why should there be among reputable surgeons? "So Dr. B. left us." Now, why this abrupt departure? Why not stay and witness the pending operation? Perhaps he was not heroic.

Dr. Ingraham now opens the abscess, and, pooh! "the sulphuretted hydrogen gas was something wonderful." Was it interesting? Yes, interesting, for it is evident that the doctor cut a gut.

A few days more and the bowel protrudes. The knuckle of intestine is cut off, heroically; another and another protusion, until, to use the doctor's language, "four joints" was severed. The term "joints" leads me to think that it might have been a tape-worm. Dr. Ingraham says he took away between twenty and twenty-five inches of the intestine. Thus ends a case of typhoid fever, intussusception and stercoraceous abscess, with an interesting heroic treatment and its results. The man lived.

Did he ever defecate afterwards? What became of the ends of intestines? After the abdomen was filled with fecal matter, dropping from the cut end of intestine, what did the fellow do to get rid of it? The final results of this case will be more interesting than the first.

Sorry that the rare specimens of gut were not preserved, as without them the case will always lack the necessary proof.

The title of the doctor's article should have been "Interesting Surgery," for it is the "first of the kind in this country" where twenty-five inches of the intestine has been taken out and then allowed to swing in the abdominal cavity, scattering its contents where it listeth.

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**ART. L.—Objectionable Medication.**—By G. H. GRAY, M. D.

Events, investigations and discoveries follow in such rapid succession in this nineteenth century that it behooves us to pause and take a retrospective glance at some of the facts and truths promulgated and established by the untiring and persevering research of the modern chemist and philosopher. Believing that a review of some of these facts and truths will refresh our minds

and assist us in correctly interpreting the phenomena of *change* that is continually taking place, in animate and inanimate nature, and be auxiliary to the establishment of a practice of the healing art more in accord with true philosophical teachings, and consequently of greater benefit to the suffering, is the excuse I offer for again obtruding myself upon this Society.

All substances employed by the therapist in the combat with disease is obtained from organic and inorganic nature. In order to obtain a clear conception of the *modus operandi* of those substances which are poisonous, and those which are innocuous, and exert a medicinal influence when introduced into the system, we consider, in the first place, the action of the inorganic substances. We do this because we are more particularly concerned as to the action of the inorganic medicinal agents which have been and are now being employed in the treatment of disease, to the detriment of the human family. Again, we make these considerations, primarily, because modern chemical research has demonstrated to a mathematical certainty the effects produced when these substances are taken into the system. Soluble compounds when presented to the different parts of the body are absorbed into the blood; but unless normal to the blood they cannot remain, but are eliminated by the organs of secretion in a changed or unchanged condition. Chlorate, silicate, iodide, sulpho-cyanuret and ferro-cyanuret of potassium, and all salts having alkaline bases, when taken internally, in a dilute solution, may be formed again in the sweat, blood, bile, chyle and splenic veins; and all of them are excreted from the system through the urinary organs. Now, all of these compounds produce a peculiar disturbance in their passage from the body—they exercise a medicinal action but are not themselves decomposed. If any of these substances combine with any part of the system, such combinations cannot be permanent, for they reappear again in the urine, which tends to show that any combinations thus formed are decomposed again by the vital force.

Again, the neutral citrates, acetates and tartrates of the alkalis undergo a change in their transit through the organism. Notwithstanding their bases may be detected in the urine, their acids have completely disappeared, having been replaced by

carbonic acid, which has combined with their bases. The conversion of these salts into carbonates is due to a process of oxidation, a certain quantity of oxygen having united with their elements.

It has been demonstrated that to convert one equivalent of acetate of potash into a carbonate eight equivalents of oxygen must combine with it. It is relevant to enquire, what is the source of this oxygen, and where is this combination effected?

There is no evidence tending to show that any of the constituents of the body have furnished any of the large amount necessary for this conversion, consequently this oxygen must have been obtained from the air. These salts, having been absorbed into the blood, in passing through the pulmonary organs meet with the oxygen of the inspired air, and combining with the acids of these salts, converts their hydrogen into water, and their carbon into carbonic acid. The greater part of this carbonic acid is expired, but a part combines with the alkaline base, which undergoes no further oxidation, and it is this salt which is removed from the system by the liver or kidneys. Thus we see that this combination takes place in the lungs, and the process is that of *eremacausis*, or slow combustion.

Now, what must be the effect of these salts in the blood? The process of respiration must be changed. The usual combination of the inspired oxygen with the constituents of the blood must be prevented to a certain extent by a part of this oxygen combining with the acids of these salts, thereby retarding the process of respiration, and producing arterial blood in less amount. The process of *eremacausis* in the lungs, or the combination of oxygen with the constituents of the blood, cannot be arrested by the presence of an inorganic salt, because a sufficient quantity cannot be absorbed, in consequence of the property that all animal tissues possess, namely: their incapability of being permeated by concentrated saline solution. The introduction of concentrated saline solution of a salt into the stomach is not absorbed, but abstracts water from that organ, and thirst ensues. A small portion of this concentrated solution may become sufficiently diluted, and be absorbed, and pass out through the urinary organs, thereby acting as a diuretic, but a

greater part of it passes into the intestinal canal, diluting the solid contents and passing out as a purgative.

The composition of these salts is a matter of indifference as to the action. The base may be soda, potash, lime or magnesia; or whether the acid be sulphuric, nitric, phosphoric or muriatic. The medicinal action of these salts may be assimilative, and act upon the restorative principle, or the action may be eliminative, as when diuresis or catharsis is produced.

The action of these salts, as we have already seen, does not depend upon the power of forming combinations with the constituents of the living organism, but are eliminated in every instance.

But there is a large class of other salts whose action is entirely different, and consists, when introduced into the body, in forming permanent compounds with the various tissues. To this class belong salts of lead, iron, bismuth, copper, arsenic, antimony and mercury. They constitute the true inorganic poisons which always produce disease and death when introduced into the living body.

A consideration of the changes produced in the organism by these inorganic poisons will next engage our attention. Chemical research has shown, that when a solution of these metallic oxides comes in contact with albumen, milk, muscular fiber and animal membranes, they form combinations with those substances and become insoluble. The salts of alkaline bases extract water from animal tissues, whilst, upon the other hand, the salts of the metallic oxides are extracted from the water which holds them in solution, for they enter into combination with animal substances. Justus Liebig says, "that when these salts are administered to an animal, they lose their solubility, by entering into combination with the membranes, cellular tissue and muscular fiber; but in very few cases can they reach the blood. All experiments instituted for the purpose of determining whether they pass into the urine have failed to detect them in that secretion. In fact, during their passage through the organism, they come in contact with many substances by which they are retained." In this statement of that eminent chemist is a combination of truth and error. That the salts of these

metallic oxides have been found deposited in membranes, cellular tissue, muscular fiber, and throughout the glandular apparatus, all experiments have established beyond a doubt; and they could only reach these various tissues except from the blood, consequently, they must have been absorbed from the stomach into that fluid. That these salts have been found in the urine in variable quantities is equally true. That these salts are not all eliminated, but remain in combination with the tissues of the body, indefinitely, lowering the standard of vitality in organs, or parts of organs where this combination exists, is as conclusively and indisputably established as any mathematical problem.

According to the experiments of Mulder, it has been found that one-fourth grain of arsenious acid will combine with one hundred grains of albumen; consequently, we see what very small quantity of arsenic or corrosive sublimate is capable of producing dangerous and even fatal results. All antidotes to the action of these inorganic poisons operate by preventing their combination with animal substances, and these compounds thus formed can only be separated by affinities so active that their action is as dangerous as the poisons themselves. Nitrate of silver combines with animal substances, and would be as destructive as corrosive sublimate did not a cause exist in the human organism whereby its action is prevented. When it is taken into the stomach it meets with chloride of sodium and muriatic acid, by which, if the quantity is not too great, it is converted into chloride of silver—a compound which is insoluble in water. Chloride of silver, however, will dissolve in minute quantity, in a solution of sodium, or muriatic acid; and it is this minute quantity which exercises a medicinal influence, if any. The remainder of the chloride of silver is eliminated from the system, but not through the urinary organs. The skin is the common receptacle for depositions of silver, which becomes permanently discolored, after a long period of administration. Soluble salts of lead and of the oxide of copper have many properties in common with the salts of mercury and silver, when in contact with animal substances. The antidotal treatment employed in cases of poisoning with salts of the metallic oxides is a practical confirmation of the truth of the theory of the

*modus operandi* of these inorganic substances, when introduced into the animal organism. It has been promulgated by official authority that the administration of the metallic oxides, therapeutically, has been more destructive of human life than the bullet and swords of contending armies.

Let me allude, in passing, to eminent Allopathic authority, relative to the action of mercurials, and the statement of that authority is condemnatory of the practice of employing as a medicinal agent any form of mercurial or allied substance. I will quote the language of Frederick William Headland, in his prize essay upon the Action of Medicine — and relative to that work I consider it to be the best exponent of the theory of the action of medicinal substances extant. On page 392 he divides the action of mercury into three theorems: "First, it is absorbed and passes into the blood. Second, it disintegrates or decomposes the blood and wastes the body. Third, it is ultimately excreted, increasing secretion, both healthy and morbid. Mercury has been discovered in the blood of persons to whom it had been administered by Whöler, Tiedman, and other chemists. So intimately close it becomes united with organic matter, that it becomes necessary to submit the blood to the process of destructive distillation, before the metal can be recognized by proper chemical tests. It has been found in the urine, bile, sweat, saliva, milk, and in pus on the surface of ulcers. It has been discovered in the solids after death, as in the brain, bones, cellular tissue, serous membranes, and in parts about the joints, and in the lungs and liver. Mercury, wherever it is applied, is equally capable of reaching these distant parts and secretions.

"Theorem 2nd.—Mercury disintegrates or decomposes the blood, and thus wastes the body. This is the systemic action of mercury, on which too much stress cannot be laid by any possibility. Dr. Wright has analyzed the blood of patients under mercurial action. It is materially changed. It contains more water, and is more prone to putrefaction than healthy blood. The fibrine, albumen and red globules are diminished in amount, and a very fetid fatty matter is present in large quantity. When coagulated it is cupped and puffed; but it is the puffy coat of anemia, and not of inflammatory blood; the clot

appears rotten, and is easily broken down. The mercurial substance, of whose nature we know nothing, is able to decompose the blood: by some destructive agency it deprives it of one-third of its fibrin, one-seventh of its albumen, one-sixth or more of its globules, and at the same time loads it with a fetid matter, the product of decomposition. Such power is possessed by few other medicines, and certainly exerted by none in the same degree as by mercury. It is an agent of terrible activity, and we may well be cautious how we handle it. By this artificial disease that it produces, it may cause various constitutional disorders of a very serious kind. As agents which impoverish the blood drive it to the tissue for its replenishment, and thus give work for the absorbents, so mercury wastes the frame, causes the body to become thin and feeble, the face pallid, and diminishes nervous energy. It may excite the febrile or typhoid condition called 'mercurial erethism,' or a disease of the skin of a squamous or eczematous character, as the hydrargyria described by Ally in 1804. During the action of mercury the system is, as it were, disarmed, and thus exposed to the action of various irritating causes, as cold, which produces a low kind of inflammation, especially of mucous surfaces."

What stronger language can be employed condemnatory of the practice of employing mercurials as curative agents. But it is in syphilitic diseases that the advocates of mercurial treatment say it is indispensable. Let us see for a moment if this assertion is tenable. From the same authority, on page 398, we read as follows: "In many histories of syphilis it is too painfully apparent to us that a large part at least of the recorded symptoms was due to the enormous quantities of mercury taken. The nitrogenous elements of the blood, which mercury destroys, cannot remain in the system. Decomposing matter is a poison in the body of a living animal. The function of evacuating matter in active decomposition is allotted to the intestinal glands. The decomposing substances are increased in amount by the exhibition of mercury. From a small dose of this the feces acquire a peculiarly graveolent and altogether unnatural character, and contain considerable quantities of sulphuretted hydrogen gas and hydro-sulphate of ammonia—ultimate products of or-

ganic decomposition—which are said by Liebig to be undiscoverable in healthy feces. These substances result from the destructive action of the mercury on the blood.”

I do not intend to write a monograph on mercury as a therapeutic agent particularly; but I cannot refrain from alluding to some of the many theories relative to the specific action of mercury in syphilis, which have existed from the time of Paracelsus and the chemic school, from which its employment as a therapeutic agent originated. Paracelsus and his followers, in the beginning of the sixteenth century, taught that the human system was composed of mercury, sulphur, and salt. Mercury produced tremors, madness, mortifications and delirium. Sulphur caused fevers and phlegmons. Salt caused stone, gravel, gout and colic. A deficiency in mercury, being the cause of syphilis, was one reason why the remedy was given to counteract it—and it is presumed that this is the reason why our Allopathic brethren employ it to-day, for we do not find a renunciation of these cabalistic theories in any of their writings.

Herman Boerhaave, the mechanical physician, who flourished at the beginning of the eighteenth century, emitted the following theory: “If mercury is mixed with other liquids and a motion impressed on both of them from the same cause, the mercury will be carried much more swiftly and will keep its motion longer than the other liquid, wherefore its particles, impinging on the less moved particles of the fluids, will penetrate, divide and comminute them by a certain force arising from the excess of its velocity, and will impress a greater motion upon them.”

Drs. Pitcairn, Perry and Mead, of England, supported this theory to a certain extent, by supposing the particles of matter which constituted disease were broken by the weight and friction of the heavy globules of mercury.

Another mechanical notion was that mercury, in transuding outward through the pores of the skin, eliminated the venereal poison by pushing it before it. It was conceived by Vincent Brest that mercury entangled and absorbed the syphilitic virus in the same manner as a sponge does water. At a later period, upon the declination of the mechanical school, the theories of Sydenham and the humoralists came in to vogue, when it was supposed the poison was eliminated from the system by means



of salivary secretion. John Hunter propounded a theory, and it is supported by many since his time, that two poisons cannot work in the system at the same time; so that when the poison of mercury was at work that of syphilis must yield. Many writers at the present time allege that mercury is a specific, and consider that it neutralizes syphilis in much the same way that an acid does an alkali.

With reference to the merits or demerits of these various theories, it is not my purpose to speak at the present time. They are the outgrowth of the cabalistic reasoning of the alchemists, and are fading away before the light of modern chemical and physiological researches, like dissolving views upon the canvas. It may not be uninteresting, in this connection, to notice when and how mercury was introduced as a therapeutic agent in the treatment of syphilis. History adduces evidence which tends to show that during the close of the sixteenth century leprosy declined, and was replaced with the venereal disease, which extended its ravages with frightful rapacity, which inspired a terror among the people equal to that of its predecessor. The physicians failed to find among the Greek authors sufficient means to combat this scourge. Some surgeons had obtained from the Arabs some mercurial compounds, which they employed in hepatic diseases, and they were induced to make a trial with the same compound against venereal pustules.

Besengerde Carpi, the celebrated anatomist, was the first who prescribed mercurial frictions and noted their effects. Before him, in 1499, Conrad Gilinus, had made known the composition of an ointment, in which quicksilver formed the fourteenth and the bi-chloride the twenty-eighth part. This ointment was the first mercurial preparation used in medicine, and for a long time no other was known. Even at this time the metal was regarded as a virulent poison, and considerable opposition existed as to its internal administration. But at this time very little was known relative to the dangerous effects of the mercurial, consequently profuse and obstinate salivation, dysenteries, convulsions, paralyzes and consumption were the sequences of this mercurial treatment.

Such grave accidents led physicians to abandon it, and it fell

into the hands of charlatans and alchemists, who employed it according to the teachings of that ignorant barbarian Paracelsus, and was thus brought into discredit, where it should have remained, a relic of barbarism. At this time other methods of treatment and other remedies were discovered less dangerous and more curative in their results. In many patients who were suffering from the effects of mercurial treatment, a decoction of the guaiacum wood produced excellent results. It is related that the chevalier Ulric de Hutten, after having been saturated with mercury, found himself in a deplorable condition. He made use of this decoction and recovered against all hope. Practitioners of the highest renown employed this remedy as a sovereign specific. Charles V., Francis I. and Henry VIII., king of England, lent the luster of their names to its support. Praises were sung to Divine Providence for having created this precious tree in the country which was regarded as the cradle of the venereal pest, thus placing, as it is said, the remedy by the side of the evil.

About this time sarsaparilla and china-root shared with guaiacum antisymphilitic reputation. After about fifty years of renown, these vegetable remedies gradually fell into disrepute, and if employed at all, they were associated with some mercurial, till finally they became entirely displaced by mercurial compounds.

In 1676 Richard Wiseman, of England, employed among a number of mercurial preparations corrosive sublimate, dissolved in water and taken in sufficient doses to produce vomiting or cause salivation. In 1750 Van Snieten introduced this treatment into the civil and military hospitals of the Austrian empire, by prescribing each day about one-third of a grain of corrosive sublimate. At the date of this epoch, we find those vegetable remedies, which had been employed by the most eminent physicians for fifty years, and favored of kings and princes, abandoned, and the reign of the systematic mercurial poisoning duly inaugurated.

Progressive experiments in chemical science have demonstrated beyond controversy that all minerals which are not normal constituents of the human body, when taken into the system form stable compounds with the tissues of the various organs, and, after remaining in such combination for an indefinite period of time, may be decomposed by the agency of the voltaic current,

and removed from the body. The old-school doctors have been singularly reticent relative to the electrolysis of metals from the system—not for the reason that they were ignorant of the fact. One allopathic physician, endowed with the spirit of liberality and investigation, wrote to Prof. Sanders, the discoverer of the process, for information relative to the subject. He received the information sought, tried the experiment, found it true in every particular, and published the successful results in the *Indianapolis Journal*. Subsequently the French Academy found these eclectic discoveries correct. They announced them as such, and in the face of these astounding facts physicians still continue to administer the noxious minerals, and petition the legislatures of the several States of this Union to protect them in the nefarious business. The discovery of the electrolysis of metals from the system may be considered among the most important and grandest achievements of this nineteenth century, the honor of which belongs to American Eclecticism, and marks an epoch in the therapeutic art.

What, then, is the duty of the eclectic physician? Primarily he must understand the mechanism of the human system, and physiological process upon which health and life depend, and have a thorough acquaintance with the researches in chemical science, which tends to throw light upon the phenomena of material change, of the constituents of the human body in health and disease. Secondly, if he is an eclectic he should publicly announce, adhere to, and support it, by precept and example. Many of the causes which give origin to eclecticicism are dominant in the land, scourging humanity, and the eclectic is false to his principles, and recreant in his duty, if he does not combat those causes in the name of American Eclecticism. It is to American Eclecticism that the human race must look for emancipation from the systematic poisoning which, like a fungating excrescence, has been sapping its vitality and shortening life for a period of four hundred years.

Finally, the eclectic must be a humanitarian in the broadest definition of the term, rejecting all mineral substance not found normally in the human body, employing as medicinal substances only those which have received the baptism of organic growth.

**ART. LI.—Fevers.**—By S. W. MORELAND, M. D.

From experiments upon the lower animals it is found that division of the sympathetic nerve produces the following effects upon the blood, circulation and temperature: 1st—the quantity of blood circulating in a part is increased and its movement accelerated; 2d—the temperature is increased; 3d—the venous blood is not so dark colored as usual.

Now, in this case there are, at least, *two* of the symptoms of fever: increased heat and accelerated circulation of the blood.

The blood and nervous system are the two *media* through which the different parts of the body are brought into relation with each other. The blood supplies every tissue with nutriment; if the blood be of poor quality, then the supply of nutriment will be cut off, and the tissue suffer the loss. The circulation of the blood is directly under the control of the sympathetic nerves; but the blood supplies these nerves with food, by means of which they are kept in a healthy condition. In fevers, the mischief, doubtless, *usually* commences in the blood; I say usually commences there, for I believe that the nervous system may be impressed in such a manner as to produce a fever without primarily affecting the blood; and if it were possible to keep the nervous system, especially the sympathetic system, in a healthy condition, I believe it to be impossible for a fever to be produced, *let the blood be in what condition it may*. Let us examine the usual process: a foreign substance, either animal or vegetable in origin, is introduced into the blood; then begins a chemical action, which causes the destruction of the blood constituents; this destruction continues until the blood is, in a great measure, unfit for its normal use; the tissues suffer, the nerves equally with the others; and as the supply of food is cut off the functional activity is diminished; the nerves lose their control over the circulation; the same result that is produced by division of the nerves is approximated—fever is produced. The intimate connection between the sympathetic and the cerebro-spinal systems accounts for the pain and muscular debility often attending fevers.

Now, if the theory advanced is a correct one, the object in treatment is two fold: 1st—place the nerves in a normal condi-

tion; 2d—neutralize the destroying elements in the blood. To accomplish the first without giving attention to the second is like attempting to put out a fire while some one is continually feeding the flame with oil. I am only a learner, and if I have fallen into error, in my conclusions, I'll be grateful to any one to point out the error, and I'll promise to forsake it.

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**ART. LII.—On Pre-Columbian Syphilis.—**By J. P. MAC-LEAN, M. D., HAMILTON, O.

Respecting the origin of syphilis there has been much controversy, some affirming that its first appearance must be attributed to the old world, while others stoutly affirm that it was introduced into Europe, from Hayti, by the mariners under Columbus. It is manifest that neither continent appears to be willing to accept the dishonor of inflicting this loathsome disease on the world. Of all men, the best qualified to discuss the Pre-Columbian origin of this disease is Bancroft. In his *Native Races* (Vol. II., p. 594), he declined to discuss it, alleging it was in Europe before the discovery of America, and that there are some indications in the traditional history of the Nahua people that the disease was known in some form to the aborigines before the arrival of the Spaniards. Having so clearly and exhaustively discussed all other questions, he certainly should have given us the benefit of his great library on this subject also.

Ziemssen (*Cyclopædia of Medicine*, Vol. III. pp. 5-19) gives us an excellent résumé of its history, and Clavigero (*History of Mexico*, Vol. III., pp. 415-425) adds a vast amount of information on the subject, while Dr. Jones (*Antiquities of Tennessee*, pp. 65-72) produces some statements not recorded by others.

Public attention was particularly called to this disease by an epidemic that broke out among the soldiers of Charles VIII., of France, who was then besieging Naples. It was at once ascribed to various causes, most physicians, however, regarding it as due to impure sexual commerce. But when monks and nuns (afterward Pope Leo X.) became afflicted with it, the cause was ascribed to the near conjunction of the sun with the planets Jupiter, Saturn and Mercury, in the sign of Libra, which happened

in 1483. Nicolaus Leoniceus attributed it to the abundant rains and inundations which happened in Italy the same year the disease broke out, viz., 1494. While these opinions were rife, not a single individual assigned the origin to America. The first contribution on this point comes from Leonard Schmaus, a professor in Salzburg, who, in 1518, mentions it, but was disposed to regard the disease of European origin. The theory once started was accelerated by the introduction from America of guaiacum wood into Spain in 1508, and into Italy in 1517.

Is there any plausible evidence that the disease was known prior to the return of Columbus from America? William Becket, a surgeon of London, in Vols. XXX. and XXXI. of *Philosophical Transactions*, proves that the disease was known in England as far back as the 14th century. Upon the testimony of Leonard Tioravanti, a Bolognese physician, the disease broke out among the soldiers of Alfonzo, king of Naples, in 1456. Friedberg cites the cases of various persons of high rank, among whom was the bishop of Posen, who died with it in March, 1582, having been sorely afflicted with the disease. 330 years before the voyage of Columbus, the English parliament enacted a law that no steward should "keep any woman that hath the perilous infirmity of burning." Batistta Fulgosio, an eye-witness of this epidemic in Europe, declares it was brought into Spain from Ethiopia; while Sydenham, the learned English physician, affirms it was brought into Europe by the Moors from Guinea. Andre Thevet, and other authors, stated this evil was epidemic on both sides of the Senegal. Clyer and Thuanus declared the disease to be proper and natural in the island of Java. The companions of Magellan found it in Timor, and J.-Bonzius testified it was endemic in the East Indies. Forneau, a French Jesuit, learned, accurate and experienced, stated that the Chinese physicians declared the distemper had been in China from the earliest antiquity. The well known Dr. Adam Clarke claimed that David was afflicted with the evil, and as proof cited Psalm XXXVIII. Even Dr. Astruc, an exponent of the American origin of the disease in Europe, after having examined and weighed all the testimony then available, was of the opinion that the disease was common.

in all the equinoctial countries where it had prevailed from antiquity.

If it is fairly established that the disease was known prior to the discovery of America, and it was common in all equinoctial countries, that would not preclude the theory that Columbus' men brought it from America. The next question, then, to be considered is, did these mariners bring this disease from America? In the writings of Diaz de Isla, printed in 1539, probably written sometime earlier, that author claimed to have treated men from the ships of Columbus, who were suffering from the disease before they landed. He farther stated that he had treated persons in Barcelona for the same affliction, before the French king had come into Italy. (See Ziemssen, Vol. III. p. 7.) Clavigero's statement (*History*, Vol. III. p. 430) is wholly at variance with the above. He declares that Diaz de Isla was not a cotemporary, and did not write until sixty years after the discovery of the evil. He goes still farther, and shows his statement does not merit any faith, and like other physicians of Seville were the worst informed with respect to its origin. This testimony is strengthened by Nicolaus Scyllatius, who, writing on June 18th, 1494, concerning the plague then in Barcelona, makes no mention of an American origin, but expressly states that the disease was imported from France.

The contribution that did most to circulate the theory of the American origin of syphilis was Oviedo's *Historia General y Natural de las Indias* (published in 1535). He searched everywhere for evidence of his opinion. His proof consists in two statements. The first was the use of guaiacum, the best medicine known for its cure, and where an evil is permitted there is also the remedy. The second proof consists in the relation that one Pedro Margaritte, a Catalonian, who returned with Columbus in 1496, "was so ailing, and complained so much, that I do believe he felt those pains which persons infected with such distempers feel, though I never saw a pimple in his face." He further stated that he saw others who suffered from this disease. If Oviedo was wholly reliable, the very best that can be made out of his statements is purely of an inferential nature. But Oviedo is not a reliable witness. He did not

come to America until twenty years after the settlement of Hayti by the Spaniards. He shared all the worldly feeling common to the Spanish conquerors, and was utterly indifferent to the sufferings of the unfortunate aborigines. Of his history Las Casas said, "His works were a wholesale fabrication, as full of lies as of pages!" The assertions of Oviedo were at once called in question by Francesco Delicado, who affirmed that he had experienced the disease himself, and it prevailed in Rapello as early as 1488.

The following facts also confront the assertion of these writers: 1st—On account of the odiousness of the disease both French and Spanish writers were anxious to give it an American origin. This desire warped their judgment. 2d—Neither Columbus, in his journal, nor his son, in the life of his illustrious father, although both saw the island of Hayti, and minutely described the hardships and sufferings of the voyages and noted every peculiarity they saw, makes any mention of the distemper. 3d—Peter Martyr of Angheira, Abbot of Jamaica and cotemporary with Columbus, makes no mention of it in his history, although well informed. 4th—It was the concurrent testimony of all the earlier voyagers and explorers, that the natives of America were remarkable for the perfection of their persons and limbs, and their perfect freedom from every kind of deformity, ulcer or blemish. 5th—Among the Indians of the territory of the United States the disease was not known until they came in contact with the whites. Clavigero, born at Vera Cruz, South America, about 1720, a member of the order of Jesuits, and expelled, along with his order, from Mexico in 1767, intimately acquainted with that country, claims that in his time the disease seldom appeared in the Antilles, except when intercourse was had with soldiers and seamen; in the City of Mexico some whites and Indians were infected, but very few in proportion to the number of inhabitants, and throughout the whole country was but little known. He farther affirms that in Chili and Paraguay it was extremely uncommon among the whites and never seen among the natives. In the time of Ulloa it was common among the whites but very rare among the Indians of Peru and Quito.

Is there any evidence that the disease was in America prior to



its discovery by Columbus? Dr. Gustav Brühl (*Cincinnati Lancet and Clinic*, May 29, 1880) quotes in evidence from the *Historia de las Indias* of Las Casas, in which this famous defender of the rights of the aborigines, and who arrived in Hayti six years after its discovery, affirms that on several occasions he took particular pains to question the Indians, and that they responded it was common long before the Christians arrived. This certainly is very high authority. He died in 1566, and his history was completed in 1561. It was not published until 1876. At his death it was left to the convent of San Gregorio, at Valladolid, with directions that it should not be published for forty years, nor be seen during that time. Herrera gained access to the manuscript and liberally transferred its contents to his own courtly volumes. What alterations Las Casas volumes suffered indeed, if any, during the three hundred years they lay upon the shelves, I am unable to say. What was the peculiar intimacy he had with the manners and customs of the natives we are unable to judge. It is a well known trait of Indian character that in his answers he seeks to conform them to the desire of the interlocutor. It is not unreasonable to suppose that the natives of Hayti may have been afflicted more or less with some disease of the genitals. It is hardly reasonable to suppose that the science of disease was known to them; and when questioned by Las Casas concerning syphilis would easily have confounded it with such a disease as they were more or less acquainted with.

Another evidence in support of the theory is the oft promulgated idea that the Kiches had a god of syphilis, Tepeu, and as such worshipped him. This theory is almost wholly based on the statement of Francisco Ximenez, a Dominican friar and cura of the Indian pueblo of Chichicastenango, in Guatemala, who wrote about the year 1721. As so much importance has been made of this declaration, I herewith transcribe it in Ximenez' own language:

"Y tambien como à Dios se le dan muchos epitotos de grande, de eabio y otras cosas, le dan el nombre de Tepeu, este significa las bubas, y en su gentilidad era grandeza de los Señores el tenerlos, porque era senal de mas poder para cohabitar con muchas mugeres de adonde se suelen contraer, cosa que la gente

ordinaria no podia" (*Historias del Origen de los Indios*, p. 157). I translate it freely as follows:

"And likewise they apply a great many epithets to their God, some wise and some otherwise, the name also of Tepeu, which signifies the venereal diseases; and in their heathenism it was greatness to the Lords to have them, for it was a sign of great power to cohabit with many women, from whence it is contracted,—a thing that ordinary people cannot afford."

Alvarad, accompanied by the priestly order, conquered Guatemala in 1524. In 1533 Marroquin was appointed to the see of Guatemala, although he had arrived there in 1530 as a licentiate. Catholicism was established and the downfall of the Kiche religion assured, nearly two hundred years before Ximenez penned the above. But does Tepen mean syphilitic? Tepen in Cakchiquel is *Tepex* and in Maza *Tepal*, and in all the ordinary or related dialects means lord, ruler, chief, king, grand, majestic. In his "Maza Chronicles," Dr. Brinton makes *Tepal* mean *to rule, govern*. It is probably derived from the root *tep*, which means *filled up, satisfied*. That the true meaning of the word is not syphilitic is farther evidenced from the fact that it is used interchangeably with *Gucumatz*, or "feathered serpent." Syphilis, as a meaning for Tepen, is a later and a secondary application. This is confirmed by the testimony of Coto (1651), who affirmed that the term was used jestingly to those suffering from syphilis, because "like a chieftain or a noble they did no work, but had to sit still with their hands in their laps, as it were, waiting to get well; and when they had recovered, it was said that they had given up their sovereignty" (see Brinton's *Kiche Myths*, p. 11).

The Nahua god, Nanahuatl, has also been represented as a god of syphilis, although the meaning of the word will not bear out that idea, for it literally signifies "understanding serpent."

That the original meaning of words should undergo modification is well known; but when the influence of the Spaniards' religion attempted to bring the gods of the natives into ridicule and contempt, a motive to introduce repugnant meanings was not wanting in the priestly policy.

The final consideration is, do the human bones found in prehistoric tombs give evidence of syphilis? The present testi-

mony relied upon comes from Dr. Joseph Jones (*Antiquities of Tennessee*), who claims that he has "shown by careful observation that bones taken from stone coffins and burial mounds at Nashville, Franklin, Old Town, in Tennessee, and at Hickman, in Kentucky, bear unmistakable marks of the ravages of syphilis," \* \* \* for "the bones are, in many instances, thoroughly diseased, enlarged and thickened, with the medullary cavity completely obliterated by the effects of inflammatory action, and with the surface eroded in many places. These erosions resemble, in all respects, those caused by syphilis and attended with ulceration of the skin and soft parts during life" (p. 66).

Prof. F. W. Putnam, who made explorations in Tennessee, takes occasion to differ with Dr. Jones, for he says: "Although, as would be expected from two persons having nearly identical material in hand, but looking upon the evidence furnished from different standpoints, I am forced to differ from him in some of his conclusions, particularly so in regard to the evidence of syphilis prevailing in this old nation of Tennessee. Undoubtedly very many of the human bones show the results of disease, but it may be that the disease was not syphilis, and that other diseases affect the bones in a similar manner" (*Reports Peabody Museum*, Vol. II., p. 305).

My own experience in opening mounds is wholly confined to the State of Ohio. As yet I have never discovered any bones exhibiting any traces of disease. The only case that ever came under my personal observation was the skeleton taken by Dr. S. H. H. Brinkley from a tumulus near Alexandersville, O. Beneath the tumulus, and under the original surface of the ground, were two human skeletons, one male, the other female. The bones of the latter exhibited no markings. The trochanter of both femurs, and the crest of both the right and left ilium of the small skeleton, were enlarged and exhibited decided nodules. At the time I pronounced the bones to be syphilitic, but after describing their appearance to Prof. A. J. Howe, I was at a loss for an explanation, from what that surgeon said to me.

In conclusion, allow me to add: Some time before I wrote this paper I went over all the evidence bearing upon this subject.

When I commenced this writing I went over the whole subject again, but more carefully, expecting to show that the aborigines of this country were afflicted with syphilis before the discovery made by Columbus. I now lay down the pen in the full belief that the disease never was known in this country until brought here by the Spaniards. Spain not only cursed the native races by her exterminating conquest and untold barbarities, but also entailed the everlasting curse of syphilis upon the aborigines.

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**ART. LIII.—Direct Medication.—By GEO. C. FITZER, M. D.**

[CONTINUED FROM JULY JOURNAL, 1884, PAGE 305.]

*Eupatorium Aromaticum*.—This is known by the common name of white snake root. We employ the mother tincture of this drug whenever we have occasion to use it. Possibly the normal tincture, or a specific tincture, might answer the same purpose.

While eupatorium may meet other indications, we confine our use of it, almost wholly, to the treatment of aphthous stomatitis of nursing women. Just how it acts in these cases we are not prepared to explain; but that favorable results follow its use we are certain. It undoubtedly soothes the burning mouth and tongue by virtue of its local effect, but we think the most radical effects derived from it come through its constitutional influence. In all cases of nursing sore mouth, there may be found, upon careful inquiry, a wrong of the uterus. There is nearly always more or less leucorrhea, and the discharge is frequently of an offensive, irritating character. The internal administration of eupatorium, alternated or combined with hydrastis, will always help in such cases, and they will many times accomplish everything desired. *R.* Mother tinct. eupatorium aromaticum, ʒij; fluid hydrastis, ʒij; water, ʒiijss. *M.* S. One teaspoonful every hour. The frequent repetition of the dose in a fluid form renders other local uses of these drugs unnecessary. Other remedies may be required occasionally, but it is even surprising to see how rapidly some cases of nursing sore mouth heal under the influence of this simple prescription. The burning mouth and tongue are cooled, the leucorrheal discharge is modified, lessened, and not infrequently entire-

ly stopped; and the nervous element of the disease, characterized by morbid watchfulness, throbbing headache, etc., is perfectly controlled in most cases. Eupatorium is said to be a remedy for nervousness, but we have never observed that its virtues were very marked in this regard except in this terrible disease so frequently met with in nursing women, but here it certainly is a first class remedy.

*Erigeron Canadensis*.—In medicine, the volatile oil of erigeron is employed as an astringent to restrain passive hemorrhages from different parts of the body. It exerts a favorable influence in all passive hemorrhages, whether they come from the uterus, bladder, lungs or intestines. From one to five drops of the oil may be given at a dose, and repeated every one, two or three hours if required. It may be dropped on lumps of sugar to administer, or it may be put up in capsules, or prepared in the shape of an emulsion, with sugar, gum arabic and water. Erigeron is a valuable remedy as a stimulating hemostatic.

[TO BE CONTINUED.]

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### ABSTRACTS.

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#### Goiter—Fluoric Acid.

Dr. Edward Woakes gives, in the *Lancet*, a detailed account of a number of cases of goiter cured by fluoric acid internally. He begins treatment with fifteen minims of a one-half per cent. dilution of the acid three times a day, and, if necessary, increases the dose to twenty, thirty, forty, or even seventy minims, and extends the time to several months. His results are quite remarkable, even in cases that had resisted iodine, bromine, iron, etc. In a few, it was conjoined with injections of tinct. iodine. Very few failed to be reasonably benefitted, and in eighty-five per cent. the cure was decided.—*Louv. Med. News*.

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#### Excessive Sweating.

Sponging the surface of the body with a solution of quinine in alcohol—one dram to the pint—is now recommended for excessive sweating. It is a remedy that has long yielded us good results.—*American Practitioner*.

## *EDITORIAL.*

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### **The American Medical College.**

The time is near at hand when medical students will be making up their minds about where they will go to spend the Fall and Winter at college.

During this month the American Medical College will send out its Annual Announcement for 1884-5, and we call special attention to the advantages of this institution as set forth in the announcement.

Clinical instruction is one of the marked features of this college, and in this department the American Medical College enjoys an advantage unsurpassed. Clinics at the college are held every Wednesday and Saturday. Students are permitted to examine patients under the instruction of a professor, after which they are appointed in regular order to dispense the medicines prescribed, from the college dispensary. The indigent poor are thus provided with free treatment, so that nearly all diseases incident to this climate are thus presented to the immediate inspection of the students. And some very important surgical operations are performed here, all in the presence of the class. The opportunities for studying the practical details of surgery, how to prepare patients for surgical operations, the use of anesthetics, and handling the knife itself, are unsurpassed by any college in the West, and students or practitioners who desire to make surgical branches special studies will find this college to be what they want. Eye diseases and operations on the eye, and the application of electricity in its various forms, will be made subjects of more special interest than ever before. Female clinics are also provided, and special pains taken to illustrate the proper applications and use of gynecological instruments. Extraordinary efforts are made by the teachers in this school to give students the practical details of their particular departments; and if anything of superior advantage is claimed by the managers of the college, it is this feature of giving its students a thorough

and practical medical education, characterized by teaching that will adapt the student's practice to the people and diseases of this country.

The City Hospital is one of the largest institutions of the kind in this country. There are two clinical lectures held in this hospital every week by the professors of the American Medical College, and it is incumbent on the students of this college to attend. A large amphitheatre is specially adapted for these lectures at the City Hospital. Here students have opportunities for making observations upon indoor patients, and really gain some practical knowledge of bed-side practice. Those who have not received the annual announcement will please address

GEO. C. FITZER, M. D.,  
1110 Chambers St., St. Louis, Mo.

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**E. B. Guild, M. D.**

In our July issue, in our report of the National, we stated that Dr. E. B. Guild, of Nebraska, could not become a member of the National Eclectic Medical Association, at the Cincinnati meeting, because he had not brought with him the necessary credentials. We have since learned that we were mistaken, as Dr. Guild was duly elected a member. We are truly glad of this, for the more active, scholarly members we can secure in the National Association, the greater will be its prosperity.

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**Gelatine Suppositories.**

The Western Suppository Co., of Chicago, have prepared a new catalogue of their goods, and have added several new formulas to their list of valuable suppositories. These suppositories are exceedingly convenient, and every practicing physician should become familiar with them.

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**BOOK NOTICES.**

**FEMALE HYGIENE AND FEMALE DISEASES.** — By J. K. Shirk, M. D., Lancaster, Pa.

This is a very neat little work, 107 pages, cloth binding. The book is intended for women, young and old. Many judicious

suggestions are made, and upon the whole we like the make-up of the work. One thing, however, we would not fail to criticise. On page 81 we find this paragraph: "Every married woman, whether suffering from disease or not, should possess an ordinary female syringe. A healthy women should use it, for purposes of cleanliness, at least once or twice a week, using cold water in summer and tepid water in winter. Those suffering from womb diseases should use it, not only for cleanliness, but also for the purpose of applying various medicinal agents to the vagina and lower part of the womb."

To the first part of this especially we object. Healthy women, married or unmarried, should never syringe the vagina. This continual interference with syringes, and the application of hot and cold water to parts not intended to be reached, under ordinary circumstances, with washes, is the most prolific cause of female disturbances and weakness that can be found. External ablutions are sufficient in health, and when we habitually syringe the healthy vagina, and douche the uterus with hot and cold water, we are certain to set up a diseased action. Away with injections for healthy women! Syringes were never intended for the healthy vagina, and may of themselves do violence to the parts.

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**HAND-BOOK OF ECLAMPSIA, OR NOTES AND CASES OF PUERPERAL CONVULSIONS.**—By E. Michener, M. D., J. H. Stubbs, M. D., B. Thompson, M. D., R. B. Ewing, M. D., and S. Stebbins, M. D. Cloth binding, 68 pages, 75 cts. F. A. Davis, 1217 Filbert Street, Phila., Pa.

A very interesting, practical little book.

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**DIGEST OF MATERIA MEDICA AND PHARMACY.**—By Albert Merrell, M. D., Prof. of Chemistry, Pharmacy and Toxicology in the American Medical College, St. Louis, Mo.

Having received a copy of the above work, through the kindness of Blakiston, Son & Co., publishers, I have given it a careful study, and find it to excel anything of the kind ever yet published. Dr. Merrell has given to the medical student a work that should be on the counter or book-shelves of every phar-



macist and physician. It is compact, explicit and brief, so as to be a book of ready reference. It is divested of all superfluous matter. After giving proper directions for fitting up the laboratory, Dr. Merrell takes up the different articles of the *Materia Medica* alphabetically, commencing with *a* and ending with *z*. To illustrate, a quotation is in order:

“ACONITE NApELLUS, *Aconite*, *Ranunculaceæ*, *Helleboræ*.

*Tinne*, Bentley and Trimer.

CONSTITUENTS.—The most important medicinal constituent of aconite is the extremely poisonous alkaloid *aconitia*, *aconitine*, or *aconitina*, which exists in all parts of the plant, associated with *aconitic acid* ( $H_3 C_6 H_5 O_6$ ), and *napellina*, a bitter alkaloid. These constituents, as associated in the plant, are soluble in both alcohol and water.

PREPARATION.—A tincture  $\frac{a}{2}$ , from the leaves, as in sec. 44, part I. A tincture  $\frac{a}{2}$ , from the root, with alcohol, as in sec. 44, part I. A saccharated  $\frac{a}{1}$ , with alcohol, as in sec. 21, part I.

*Extract Aconite*, U. S. P., is made from the root, with alcohol.

*Tr. Aconite*, U. S. P., is made, with alcohol, from the root, and represents, in each 100 parts, 40 parts of the root or 40 per cent. of the weight of the tincture.

USE.—Used to control inflammation and its accompanying febrile movement. It lessens vascular excitement, subduing excessive rapidity of the circulation, moistens the skin and reduces temperature. Febrile diseases of an acute inflammatory character, with temperature elevated, as shown by the thermometer, will be benefited by aconite, administered early. The pulse in these cases is frequent, but of a quality indicating resistance to a free circulation, which condition is relieved by it.

DOSE.—Add of the tincture aconite rad.  $\frac{a}{2}$ , gtt. v to x, to water,  $\mathfrak{z}$ iv. Mix, and give a teaspoonful every hour, until the pulse is normal in frequency.”—*Pages 75 and 76*.

From this quotation it may be seen that the book is exactly what is wanted, in every respect, and is, like everything undertaken by A. Merrell, gotten up with care. And while what has been said of the author is highly commendatory, the publishers, Messrs. Blakiston, Son & Co., of Philadelphia, Pa., have per-

formed their work equal to the best; but what feeble words I can say in their praise would be out of place, as to see their work is to commend it.

A. J. SMITH,

Former editor of the *Eclectic Medical Journal*

323, S. Delaware St., Indianapolis.

For sale by Dr. Geo. C. Pitzer, St. Louis, Mo.

CLINICAL THERAPEUTICS. — By T. S. Hoyne, A. M., M. D.,  
Professor of Theory and Practice in the Hahnemann Medical College and Hospital of Chicago.

The publishers say this of Prof. Hoyne's book: "This book is now a text-book in all Homœopathic colleges. Two volumes, 1245 pages, with copious labor-saving index. Clinical experience with one hundred and twenty-four remedies. Works on materia medica are abundant and, of course, indispensable; the above valuable work gives you the clinical proof; lays before you the practical evidence; shows you the actual value of the remedies in curing disease. That is what practical men want. The question of the dose—its frequency, its potency—all get practical answers here without any discussion, for here are reported thousands of cases from the practice of hundreds of reliable men, giving the remedy, the dose, the frequency of repetition, the potency employed, and the results. It is a medical library of materia medica, theory and practice. The appreciation of this work by the profession has its proof in the sale of a considerable edition at the large price (for the whole work) of \$8, cloth binding; \$10, half morocco. We now offer the work in a more economical form, at a price within the reach of every practitioner and student. We call it the *Student's Edition*. The same type, good paper, good cloth binding, two volumes in one. Price, \$5.50. A discount of 20 per cent. if sent at expense of purchaser, making the cost only \$4.40; or for \$4.75 cash it will be sent free to any address. C. S. & Geo. E. Halsey, 12 Madison Street, Chicago, Ill."

This is a standard Homœopathic work, and all who desire to investigate the Homœopathic materia medica and therapeutics will find this one of the best works to be had. We have exam-

ined it carefully, and find many interesting items and practical hints, and an endless variety of remedies for the different symptoms manifested by disease. All physicians should become familiar, so far as is possible, with Homœopathic remedies and methods, so that nobody can have any advantage in any case. We have always advocated this, and still urge our readers to buy books of all schools, and read journals from every direction. *Knowledge is power.*

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### MISCELLANEOUS PARAGRAPHS.

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#### **Puerperal Convulsions.**

PROF. PITZER—*Dear Sir:*—Having been a reader of your valuable journal ever since its first number, and never reported any case nor contributed anything to it, I thought I would report a case, as it had an unusual phase about it.

Was called April 16, 1884, to see Mrs. H——, aged 23, primipara, sanguine temperament, and quite plethoric. Found her in convulsions; had no sign of labor; was seven months pregnant. In the morning she complained of severe headache, which increased until about 12 o'clock, when she commenced vomiting, and soon after went into convulsions. A messenger was sent for me. I arrived there about 5 o'clock P. M.; found her as described above, with head thrown back, body and limbs distorted, surface cool, pulse rather fast and corded.

As soon as she could swallow I gave the following, at one dose: Chloral hydrate, gr. xx; fl. ext. gelseminum, gtt. xxx. I then prepared the following: R. Chloral hyd., ʒij.; tinct. lobelia, fʒij; fl. ext. gelseminum, fʒj.; aqua, fʒij. Sig. One teaspoonful every twenty minutes. In forty-five minutes after the first dose she convulsed again, but not so bad. I then gave 20 grs. chloral, with 20 drops tr. veratrum viride, at one dose. She rested quietly for one hour and fifteen minutes, when, attempting to turn on her left side, she was seized with another convulsion, which was much lighter. I still continued the chloral, lobelia and gelseminum every twenty minutes. At the expiration of two hours and fifteen minutes, the third and

last spasm (after commencing treatment) struck her; this last one was quite light. I then extended the time of giving the above mixture from twenty minutes to one hour. She rested quiet until morning; so, after directing the nurse to continue the same at intervals of one hour, until the twitching of nerves ceased, then at intervals of two hours, and also directing a saline cathartic at night, I took my leave. I should have said, however, that there was still no sign of labor.

I called again on the morning of the 18th, found my patient fully conscious, mind clear and cheerful, recollected nothing of what had passed; eat a fair breakfast; felt no pain; cathartic was acting well. I made no vaginal examination, as I saw no need of it, she complaining of no weight in the abdomen; said the child lay just where it always did. After giving such directions as I thought were needed, I took my leave, congratulating myself that she would tide through to her full time.

But, lo! I was doomed to disappointment, for I had scarcely reached home (seven miles) before a messenger was after me in haste, saying that soon after I left she got over the chamber to defecate, when the child passed without any pain. I changed horses, and hurried back as fast as possible, and found that such was the case. The only pain she said she felt was when the after-birth passed. The child was alive, but of feeble vitality (only living a month and fifteen days, and dying of marasmus induced by numerous abscesses on different portions of the body.

I will say that I have been in practice over thirty-three years, and have had a fair practice in obstetrics; have had eleven cases of puerperal convulsions, and lost none; have not drawn a drop of blood (although that was my instruction), but have relied entirely upon relaxants and anti-spasmodics, and all my patients have made good gettings-up but one, and that one was taken with convulsions after I left the house, and as the messenger could not find me, he called others, who bled her freely, but did no good, as she had seventeen convulsions within six hours, and that after about two pints of blood had been taken from her arm—so the doctors told me. A second messenger having found me in the meantime, when she was fully under a similar treatment to the above she began to improve, and finally recovered,

although convalescence was slow. But this is the first case of convulsions I ever saw without any signs of labor, or before labor at full term, and I am at a loss to account for it.

What is your opinion and the opinion of your readers? Was it the influence of the medicine, or was it one of those incomprehensible occurrences with which we sometimes meet in the practice of medicine.

Yours truly,

BOLIVAR, Mo., July 16, 1884.

E. S. ODOR.

### **Mellin's Food.**

We have had occasion to inspect a recent analysis of Mellin's Food by Professor Fresenius, of Wiesbaden, and here give an abstract of his results.

The preparation is a moderately fine, yellowish-white, hygroscopic powder. It is not completely soluble in water, but is almost completely so—with the exception of a trace—in the stomach. The constituents are as follows:

#### **I. Soluble in water: Non-nitrogenized, organic.**

Maltose and Dextrose (33.46+35.92)	-	69.38	
Nitrogenized, organic. Albumen (2.13), Peptone (0.87), Amides (1.69),	- - -	4.69	
Inorganic, - - - - -	- - - - -	4.23	
			78.30

#### **II. Insoluble in water, but almost completely dissolved in the stomach: Non-nitrogenized, organic.**

Fat (0.08), Cellulose, etc. (3.10),	-	3.18	
Nitrogenized, organic, - - - - -	- - - - -	5.06	
Inorganic, - - - - -	- - - - -	0.14	
			8.38

#### **III. Water, including loss by drying at 120° C.,**

13.32

100.00

As a matter of analytical interest, it may be added that the albuminoids were determined by Prof. Fresenius in the following manner: The albumen is calculated from the nitrogen of those nitrogenized substances which are precipitated by cupric hydrate in a solution containing a slight excess of acetic acid. The calculation is made by multiplying the nitrogen with 6.25. The

peptones are found in a similar manner by calculation from the nitrogen obtained from the precipitate produced by phosphomolybdate of sodium in the filtrate from the preceding operation, after acidulating with hydrochloric acid. The amides result from the difference of the sum of nitrogen of the protein-bodies, peptone and that obtained from the nitrogenized substances insoluble in water on the one hand, and the total nitrogen on the other hand. Of the 9.75 per cent of nitrogenized constituents, only 0.2 per cent were found to be insoluble. — *American Druggist*.

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#### **Spermatorrhœa and Impotency.**

J. W. Yonge, M. D., Superintendent Standard Medical and Surgical Institute, Fort Wayne, Ind., says: "I have extensively used Celerina in cases of spermatorrhœa and impotency, the latter under the various forms of absolute, relative, constitutional, local, direct and indirect, and in every case the result has been desirable and productive of general satisfaction. In some cases the result was all that could possibly be desired, restoring the capacity for frequent copulation and the faculty of reproduction. I am now using it in all cases coming under my charge for treatment for impotency, sterility and spermatorrhœa.

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#### **Cholera Morbus—Fright—Puerperal Convulsions—Death.**

PROF. PRITZER:—I was called at 1 o'clock A. M. on the 9th inst., in great haste, to visit Mrs. H., a young woman, supposed to be in labor with her second child. Found her vomiting excessively, and that she had only partially recovered from a violent convulsion, the third one that she had had in one hour. Learned from her mother that she had been suffering from a severe attack of neuralgia in her head and neck for three days, and had not eaten anything, and that evening (8th), becoming partially relieved had eaten very heartily of highly seasoned vegetables, which caused the cholera morbus. While in that condition there came up a terrific thunder storm, she became frightened, and went into convulsions. I found, in addition to the vomiting, purging and convulsions, that she was perfectly fran-

tic, could talk and scream, but had no reason. I gave hypodermically twenty drops green root tinct. gelsemium. (Had to call the help of two or three men to hold while the needle was inserted.) In a few moments she was partially quiet, in an hour sufficiently quiet to swallow a heavy dose of tinct. lobelia, which acted very promptly and cleansed her stomach of its remaining contents. At 3 o'clock (2 hours from my arrival) she was quiet and rational. No labor symptoms. Gave a dose of purgative medicine; left tinct. gelsemium to be given in ten drop doses, one to two hours apart, as precautionary against the return of convulsions, as I was apprehensive that they would return with the labor pains, which we were expecting at any time. Left instructions to summon me promptly on the approach of labor pains.

7 o'clock A. M., 9th.—Again called to Mrs. H., found her recovering from the third convulsion, which had come on an hour previously. Repeated the hypodermic of gels., only increased the dose to 30 drops. Relief prompt; slight uterine contractions. Digital examination developed the os dilated to about the size of a silver half-dollar. Mania complete—perfectly frantic on the recurrence of each pain, and talking incoherently between pains. Gave enema of tinct. lobelia, drs. 4; tinct. gum myrrh, drs. 2; warm water a teaspoonful, which was retained. Continued the gels. at proper intervals in ten-drop doses. Labor progresses satisfactorily, and mania grows worse. Repeat the injection of lobelia and myrrh in about one hour.

10 o'clock.—Os dilated to about one-half its capacity. Ruptured membrane, and had a free flow of waters; in the meantime have had to resort to the inhalation of chloroform during pains, in order to control patient, and keep her from injuring herself and child.

12 o'clock.—Os fully dilated, some inertia of uterus. Gave one dr. fl. ext. ergot; uterus responded promptly.

1 o'clock P. M.—Delivered of a fine, healthy female child. Reaction prompt, circulation good, but no mental reaction. Continue gels., with stimulants.

6 o'clock P. M.—Collapse. Dead in fifteen minutes. At no time, from my arrival at 7 o'clock in the morning, did the

circulation seem to be materially depressed, nor did vitality seem to be alarmingly diminished. Could the chloroform have been the cause of the collapse five hours after delivery? (At no time was she completely anæsthetized more than a minute or two at the time.) Or was it a continuation of the unfavorable symptoms?

This is the only case in a practice of twenty-eight years that I have had to die in childbed, except two or three cases of puerperal fever, brought on by imprudence; and I have treated a great many in which the progress of labor was a great deal more difficult. If you can make a suggestion that would be likely to keep me off of the breakers, provided another similar case should come up in a lifetime, it would be thankfully received.

Respectfully,

J. E. A. BALL, M. D.

June 19, 1884.

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### **Tongaline.**

J. N. Page, M. D., of Vandercook, Ills., states: "Had been treating a patient for several days for a stubborn attack of neuralgia of the fifth pair of nerves without success, when it occurred to me to try Tongaline. Before she had taken more than four or five doses of one drachm each, had secured entire relief. Had used Tongaline in a case of neuralgia of the uterus, as also a case of acute inflammatory rheumatism, with the best of results. The pain was relieved very quickly, and no injurious reactionary effects were experienced."

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### **Hepatica.**

Messrs. J. U. & C. G. Lloyd, of Cincinnati, have been investigating the subject of Liver-leaf, and have found much that is new and interesting in connection with the commercial and botanical history of this drug. Of late years this drug has been extensively consumed in the preparation of certain proprietary medicines. From statistics collected by Messrs. Lloyd, it appears that last year over 340,000 pounds were consumed, of which amount over 300,000 were imported from Europe. Four years ago the entire consumption did not reach 10,000 pounds. In this country we



have two species that produce the drug. In most medical works, and in old botanical works, the plants were classified as *Hepatica*; but late botanical authorities include them in the genus *Anemone*, on account of the structure of the flower. The exceedingly dissimilar properties of these plants from *Anemone*, would seem to indicate the doubtful propriety of placing them with that genus, and the name *Hepatica*, which will always be the medical name for the drug, will probably also be the final botanical name. Our native species are now named *Anemone Acutiloba* and *Anemone Hepatica*, and very closely resemble each other except in the shape of the leaves; the former has sharp lobes to the leaves; the latter, blunt lobes.

Our Pharmacopœia has recognized but one species—the round-lobed form. It is proven, however, by Messrs. Lloyd, that nine-tenths of the native drug of commerce is collected from the sharp-lobed species, which has never been officially recognized. The medical properties of *Hepatica* are unimportant. The plant does not contain an active principle, and is as devoid of characteristics as is the grass of the field. Of the vast amount of the drug consumed, it is credible that the medical profession uses but a small per cent. Almost the entire lot is employed in the preparation of certain secret remedies.

The foregoing has been compiled from the July number of "Drugs and Medicines of North America of Cincinnati," which, in addition to full botanical and medical descriptions of the drug, contains a full-size plate of the plant, and cuts illustrating the shapes of the different leaves of commerce, and a map showing the distribution of our two native species.

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#### **Eclectic Medical Society of Vermont.**

The Vermont State Eclectic Medical Society assembled in its 19th annual convention, at the State House, Montpelier, June 18th, 1884. Meeting called to order at 10 o'clock A. M. by the president, H. J. Potter, M. D. Minutes of last meeting read and approved. Treasurer's report read and adopted. The following officers were elected for the year ensuing: President, H. J. Potter, M. D.; Vice Presidents, A. D. Ayer, M. D., G.

C. Washburne, M. D., F. E. Leonard, M. D.; Secretary and Treasurer, Geo. H. Gray, of East Calais; Censors, J. M. Templeton, M. D., G. C. Washburne, M. D., P. L. Templeton, M. D.; Librarian, J. M. Templeton.

The following persons were designated to read papers at our next annual meeting: Dr. F. E. Leonard, Inflammation; Dr. P. L. Templeton, Principles of Therapeutics; Dr. S. R. Wilcox, Germ Theory; Dr. W. R. Woodward, Scarlatina; Dr. A. D. Ayer, New Remedies.

The following delegates were appointed: To the National Convention—Dr. H. J. Potter, Dr. P. D. Templeton, Dr. W. R. Woodward. To New York—Dr. W. F. Templeton. To Connecticut—Dr. A. D. Ayer. To Massachusetts—Dr. S. R. Wilcox, Dr. J. M. Templeton.

Committee on Legislation: Dr. J. M. Templeton, Dr. W. F. Templeton and Dr. Geo. H. Gray. Dr. Woodward read an exhaustive essay on Objectionable Medication. Dr. P. L. Templeton read a very able paper on Scarlatina. The society was in session two days, and several papers were read and a large number of cases were reported.

GEO. H. GRAY, M. D., Sec'y.

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### **Lactopeptine.**

This article is of great value in the management of cholera infantum. We may, in a measure, control the diarrhoea and arrest the vomiting, with bismuth, ipecac, nux vomica, bromide of potassium, etc., but the results are not always permanent. In fact, we find the symptoms returning in many cases in a few hours, unless the patient is properly nourished—unless the food given is properly assimilated. A great deal might be said about the kind of food most appropriate, and next month we propose a continuation of this subject—cholera infantum—when we shall prescribe the food most appropriate. But no matter what you feed a child who is or has been suffering from cholera infantum, the digestive powers are so impaired that, unless aided for the time by artificial means, the food will only provoke relapses, and cannot be appropriated in the nourishment of the child. Now, this Lactopeptine is so nicely prepared that the odor and taste are

rather pleasant, and its power in promoting digestion, under the circumstances, is so marked, that the results are really wonderful, and we hardly know how to get along without it. While there is such great impairment in the functions of the digestion tract in many cases of cholera infantum, that the patient cannot take food of any kind without suffering from nausea and diarrhœa, a few doses of Lactopeptine effectually relieves the difficulty, and the patient takes appropriate food and retains it. He not only retains it, but appropriates it, and it gives strength in every regard, holds the patient up, and thus we carry our patients through safely. Try this remedy, and I am sure you will find it worthy of confidence. Remember, feeding cholera infantum patients, and managing to have the food retained and assimilated, are imported considerations in the cure. Nearly everybody can arrest vomiting, for the time, and suppress diarrhœa, but to prevent a recurrence is the trouble.—*St. Louis Medical Journal*.

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#### **Dr. Samuel D. Gross.**

The remains of the late Dr. Samuel D. Gross were cremated at Washington, Pa., May 5th, 1884, two days after his death. They were brought back to Philadelphia under the escort of the family and friends of the distinguished physician. The ashes weighed about seven pounds, were hermetically sealed in a tin box, and placed in the coffin in which the body was carried to Washington. On reaching Philadelphia the coffin was removed to the late residence of Dr. Gross, and subsequently the ashes were inclosed in a marble urn about three feet high, unornamented and without inscription, and placed beside the coffin of Dr. Gross's late wife in the family vault at Woodland cemetery. Rev. Dr. Charles Cerrie read the Episcopal burial service at the cemetery.—*Boston Med. and Surg. Journal*.

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#### **Removal of the Spleen.**

Mr. Knowsley Thornton recently removed a cystic spleen by abdominal section (median incision) at the Samaritan Hospital, London. The patient was a single girl, aged nineteen, and the

tumor had been growing slowly for two years. Latterly it had increased much more rapidly, and caused much pain. The reports up to the end of the first week show that the patient was progressing quite satisfactorily. During the tying of the pedicle the patient suffered severely from shock, and for some minutes her life was in great danger; but she revived immediately, the tumor was cut away, and the drag taken off the pedicle. The specimen will be shown, and the further progress of the case reported, at the Pathological Society.—*Boston Med. and Surg. Journal*.

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**Althea, or Marsh-Mallow, in Palmar Psoriasis.**

An obstinate case of palmar psoriasis, cured by an ointment of althea after all other means had proven ineffectual, is reported by Dr. F. C. Berry, in the London *Practitioner*. Althea is a demulcent of great value. The ointment is made by cutting the fresh leaves into small pieces, stirring them in lard, boiling the mixture for half an hour. It is then strained and allowed to cool, after which it is ready for use.—*American Practitioner*.

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**Cannabis Indica—India Hemp.**

Cannabis in small doses is one of our most potent remedies for the cure of subacute or chronic gonorrhea; should be used only after the active inflammatory symptoms have been controlled by gelsemium, aconite, etc., and the urine rendered neutral or slightly alkaline by the proper use of saline diuretics. Many obstinate cases, which often perplex physicians and their patients, may be speedily corrected by this method without any local medication whatever. Painful urination, persistent burning in the urethra, severe cordee, and mucous discharges from the urethra, are all corrected by cannabis. It is highly recommended in megrim, or sick headache, when the paroxysms are accompanied by gastric irritation; also in hysteria, dysmenorrhœa and uterine hemorrhage, especially when caused from neurotic excitement.—*Chicago Med. Times*.

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## *ORIGINAL COMMUNICATIONS.*

### **ART. LIV.—Medical Liberty versus Medical Licentiousness.—**

By E. YOUNKIN, M. D.

How shall we place ourselves upon the record? Shall we plead for liberty and law, or shall we ask for liberty without law? Shall we contend for equal chances before the bar of justice and science? or do we mean to set ourselves in opposition to all medical legislation?

These are momentous questions—questions that must soon be answered by our branch of the medical profession.

What is liberty? The essence of man is freedom. It is freedom which distinguishes him from all other beings. What man is at birth we know not; what he is to be is to be wrought by his own freedom and activity.

Real liberty has its restraints, and without restraint liberty turns into gross licentiousness.

Where there is no law, there is the least of real liberty, and the rights of an individual in any community are measured by the interests of the whole. It is only in the subjection to the greatest good that man becomes truly free.

In the medical profession there are interests common to all, and he who governs himself accordingly enjoys medical freedom. He who will not, but pursues a course which, if all should follow, would prove disastrous to the profession, is unrestrained,

uncurbed, uncontrolled, unruly, riotous, ungovernable, wanton, profligate, dissolute, lax, loose, sensual, lascivious, licentious. This is true not only of the medical man but of all men, everywhere, in every community, in every society, and with every association of individuals. Does eclecticism inculcate the liberty of the latter? Does it throw down all barriers and allow unbridled liberty? Does it extend the hand of fellowship to the unrestrained, uneducated and ungoverned? Then away with eclecticism! the sooner it is annihilated the better.

The liberty of eclecticism is American. We live in a free country and can do as we please, so long as we do right; but the law, in many cases, defines what the right is. Let a man ignore the laws of this country; let him swing out unrestrained; let him violate the laws that are for the protection of our common interests—and he feels the gentle tap of the law, and marches along and pays the penalty.

Is this a free country? I heard one of the lawless say, whilst under arrest, "They talk of this being a free country, but it is not, or they would allow me my liberty—they would let me do as I please." Such was the culprit's conception of freedom, and such I fear is the conception of some in regard to our medical liberty.

It would seem that some physicians are opposed to all laws that are for the protection of the practice of medicine. They are down on all medical legislation. They sneer at the legislative enactments, and are free to besmirch a Board of Health or the law-making power. With gusto it is asked, "Are you going to cure all the ills by legislative enactments?" They say, "The less law the greater the liberty. The largest liberty the greatest happiness." No greater falsehoods were ever couched in that many words since the fall of man. This is lawlessness, this is unbridled liberty, this is licentiousness. Have we no higher views of liberty and happiness than this?

A man is disciplined for pursuing a course which, if all were to follow, would reduce our profession to the lowest quackery and disgrace. When called to account, he cries "Narrowness, intolerance, and deprivation of liberty!" That man is afflicted with medical licentiousness—a laxity that injures society at large.

Like a comet that tosses lawlessly through space—and like a comet he should go.

Another assumes the right of putting up his profession at auction, and after loud and boisterous blowing he knocks down to the highest bidder. When his brethren show him the waywardness of such a course, the cry of oppression and deprivation of liberty is heard. Such men are opposed to all law; they are against legislation, notwithstanding they may do that which seemeth good in their own eyes.

At the National in Cincinnati a resolution was offered: We are "opposed to all medical legislation." Indeed this was so passed, but a few thoughtful ones foresaw the bad results, and resolved to amend by inserting the word "class" before "legislation." Thus happily we were saved from the accusation of licentiousness.

There is no question but great evil has been done by legislators. They have checked the progress of science, and oppressed those who are seeking the light. But we never can make a successful issue by opposing all law for the regulation of the practice of medicine. We must cast our interests upon the side of law and order, and not with the lawless and profligate.

It is said that it is well enough to support legislation in the West, but in the East it is wisdom to oppose it. We believe no such doctrine. If legislation is good for the West it is good for the East. The opposition to all law is just what has depressed our branch of the profession in New York. Had eclectics taken more interest in organization, had they stood united, had they stood for an honorable education, had they kept their signatures from quack nostrums and left off unprofessional advertising, they could not have been shaken. They became degraded and depressed by their own professional sins.

Medical legislation receives its opposition mainly from those who began the practice of medicine thirty and forty years ago, and from a class who through laxity either have withdrawn from association or have been expelled. The first suppose that because there were no laws of any consequence when they began the practice of medicine there need be none now. They forget the onward march of medical science. The state of things then



was suited only to those times, and not to ours. Eclectic medicine was then a shapeless mass—it was chaotic; but now we are assuming form, and taking position. Our position, too, must be in proportion to our efforts and interests in the laws which regulate the practice of medicine. If we class our profession with the trade of the grocer, the huckster and the blacksmith, we must expect to rise no higher. We should take such positions as will separate the true and the false. A man that is loose in character will make light of moral obligations; the physician that is loose in professional manners will make light of professional laws.

The second class that oppose medical legislation are those who glory in being free from all external restraint. If these happen at a convention of medical men, they are elated at every movement that has for its object the opposing of medical legislation. They feel that their medical judgment has come, and they are ready to cry for the rocks and hills to hide them from the legislative throne.

Laws are the basis of civil society. Properly made and arranged, they are no barriers to the progress of science. They are as guides which go with us and point out the exact path. Laws are for the disobedient. Those who are always in the right path need no law, but he who thinks he requires no law is presumptuous and quackish. It is only by means of practical, self-supporting laws, provided for the purity, training, education, protection, equality and happiness of each, that we can be fully protected ourselves from selfishness, tyranny, extortion, monopolizing, fraudulent and corrupt organizations that are vigilantly watching every opportunity to rob us of the rights, franchises and liberties that are free to all.

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**ART. LV.—Euphrasia as an Eye Remedy.—By O. A. PALMER, M. D.**

Eye-bright has a special action on the mucous membrane of the eye, nose and upper portion of the respiratory organs. This remedy is the most beneficial in acute inflammation of the eye. Still it may be used with much benefit in chronic inflamed conditions.

Its sphere of action is confined mostly to superficial eye affections. Experience has taught me that where euphrasia is indicated it does its work promptly and satisfactorily. It is very certain in its action where there is a burning acrid lacrymation which excoriates the cheeks, the lids red, swollen and stuck together in the morning with a thick, yellow matter. The mucopurulent discharge often covers the cornea, so as to cause a blurring of vision. In scrofulous or continued catarrhal inflammation of the lids, conjunctiva and cornea, where there is a thick, yellow and acrid discharge, that makes the skin sore and look glistening, as though it had been oiled or varnished. Wherever it comes in contact with it, this remedy will be found very valuable.

It has been found beneficial in paralysis of one or more of the muscles caused by cold or exposure to damp weather. I have found it quite beneficial in the inflamed conditions caused by the tears remaining in the eye after the tear-ducts become closed. I open the ducts and keep them so, then by the use of this remedy the irritated condition of the lids is often very quickly relieved.

We find this remedy especially useful in some cases of ophthalmia neonatorum. It can be used in the first stages of measles to relieve the catarrhal condition of the eyes and nose. I generally put x. to xv. gtt. of a good tincture into iv. oz. of water, and give one teaspoonful four times daily. I use third trit. for infants, giving about one-half a grain three times daily in a little milk.

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**ART. LVI. — Spontaneous Combustion.** — By W. H. CARTER, M. D.

Was called January 24th, 1884, to see Mrs. Sheller, eight miles in the country. On my arrival found Mrs. S. burned from ankle joints to the waist, her clothing having caught fire and burned off. However, before I reached her a young doctor in the country was called, and had dressed her burns by saturating cotton batting in linseed oil, and had enveloped her entire burned surface with the above dressing.

On examining the patient I found the batting was becoming torn off in places, owing to it containing so much oil and not be-

ing confined. I told the doctor, who was still there, but in the act of starting, she should have a roller bandage, in order to exclude the air from the burned surface. He replied that he was compelled to see some other patients that evening, consequently left me to dress the patient, to be assisted by two old ladies of the neighborhood.

After demolishing an old bed sheet we prepared our roller bandages. After saturating them with linseed oil, began the work of applying them, assisted by one of the ladies, using some of the lint over the worst part of the burn. Began at the ankle joint of the left leg, rolling the clothing back as we proceeded with the work. On rolling the bed clothing back the patient remarked she was burning up, that she believed there was fire under her. I threw the cover up to her waist, at which time the smoke began to almost take our breath. I turned her over and found a wad of this oiled cotton just in the act of taking fire. The wad was about the size of two fists and was burned to a coal. This surprised me very much, and caused me to use but very little of the cotton under the bandage. When I completed the dressing I left the patient to be treated by the doctor first there, but cautioned the attendants to look out for spontaneous combustion.

This lady was burned about 8 o'clock in the morning; the combustion was about 4 or 5 o'clock in the afternoon. Was entirely stripped of her apparel soon after the accident, and redressed. Consequently I report this case as one of spontaneous combustion, caused by the escape of caloric from the burned surface and coming in contact with the oiled dressing and external gases.

Hope the doctor who fleeced Dr. Ingraham in August number will deal as lightly with me as possible.

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### *ABSTRACTS.*

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**Practical Electro-Therapeutics.**—BY WILLIAM F. HUTCHINSON, M. D., OF PROVIDENCE, R. I.

Next in our list of diseases to be considered, comes neuralgia. In itself but a symptom of other derangements, at least with rare

exceptions, it has come to form a very large proportion of cases applying for electrical treatment, and the extraordinary climatic conditions of New England seem to have located a permanent resident. From this and from hereditary succession, which is often well marked, we are becoming used to speak of certain nerve pains as separate diseases, which were formerly considered merely symptomatic of distant disturbance. Sciatica, coccydynia, tic-douloureux, and the whole train of titles signifying pain either in the peripheral distribution of a nerve or in its trunk, must be considered, so far as electro-therapeutics are concerned, as separate and distinct maladies, calling for distinct plans of treatment. With the etiology of the case, we have only so much to do as will enable us to secure the most speedy form of relief from pain, which is practically a cure of the disease. And here comes in a rule which long experience has led me to believe to be almost invariable. When the cause of neuralgia is central, or when it affects the trunk of a nerve, use galvanism alone. When the cause is peripheral or reflex, affecting skin tracts or muscle bundles, use faradism alone. When the disease is general, located no place in particular and seemingly a constitutional affair, employ both forms, either successively or alternately. In the latter kind only have I found static electricity of any value, and then inferior in results to faradism.

It is usual for general practitioners, I think, to employ the wrong form of electricity—faradism—to trunk neuralgias. Comparatively few own a galvanic battery at all, and not many of those who do are aware of the different effects to be obtained from one of high tension and one of low tension. In all those cases which are central in origin or location, I have long since abandoned the use of faradism, having satisfied myself that it simply aggravated the condition which I was trying to relieve. So did static electricity. But when a galvanic current from a low tension battery is established in the direction of the nerve force flow and continued steadily for a space of ten minutes, pain usually vanishes or is distinctly lessened and the curative process begun. Nor is the reason for this difficult to arrive at when one considers the congestive state of the nerve itself in all grades of inflammation—its compression within a strong un-

yielding sheath—and remembers that any increase of tension means increase of pain, and that whatever will lessen blood supply to the nerve will relieve both pressure and pain. Now, it is absolutely certain that a descending current of galvanism traversing a nerve trunk will partially empty its arterial vessels of its contents, while an ascending one will promptly fill them, a fact which I demonstrated upon living animals in 1876, and from which I derived my theory of electrical treatment of neuralgia. Years of subsequent practice have confirmed that theory, and I now believe that no case of neuralgia exists, uncomplicated with structural change of centers or nerve, which may not be cured by this procedure. When failure occurs, it has usually been due either to the employment of a high tension galvanic current, a faradic current, or the proper one used incorrectly. Nothing is easier than to make light of these distinctions as entirely too fine drawn, but when one operator fails in a certain case and another, changing method, succeeds, there is very little doubt that the sick man will go to the last man first when his attacks recurs. And he will be right.

Among neuralgias of central origin come the lightning pains of ataxy, facial tic dependent upon exophthalmic goitre, pains accompanying albuminuria, paralyzes from brain or cord lesion, and the like. In sclerosis, the utmost relief to pain may be procured by galvanization of the cord as follows: With so much of the patient's back uncovered as will permit thorough access to the whole length of the spinal column, place the negative pole, connected with a flat sponge electrode, at the base of the spine, and, with a current of twenty cells of low tension series, draw the positive pole, in this case a button-shaped carbon covered with wash leather, slowly down the column, commencing at the neck. When the upper border of the lesion is reached, it is usual that a distinct perception of different sensation will be felt. Very much greater heat or cold or more pain will be noticed, and it is from this point that the downward current should be directed. Reduce the cells to five, and allow the flow to continue uninterrupted for fifteen minutes. Disconnect the upper cord from the screw post and, tapping its tip against the post, send a series of shocks through the cord, just sufficient to be felt,

at intervals of ten seconds. Great patience and care are necessary in these cases, and the treatment must be regular at daily intervals, continuing through months. In a great majority of cases, much relief is afforded, and in a few in my practice, symptoms of sclerosis have been arrested.

**CASE.**—W. G., age 50, jeweler; born, Rhode Island. A large man, evidently of considerable muscular power when in health. Commenced to notice a difficulty in locomotion two years ago, which soon became ataxic. Coincident with the establishment of lancinating pains in the sciatic nerve and its branches, his eye-sight began to fail and he was obliged to quit work. Had been steadily losing flesh for six months previous to consulting me, and could no longer stand without support, even with wide open eyes. Backward locomotion impossible. Sexual appetite abolished. Numbness and formication in both legs and mental powers unimpaired. Tendon reflexes gone.

Treatment was at once commenced as above, with a cauterization of the spinal cord region once in two weeks, and continued steadily for five months, making daily applications. At the end of that time, he was advised to make a change of climate and rest, and accordingly spent three months with friends upon the Hudson river. Returning, operations were renewed for four months longer, with the very comfortable result of entire cessation of pain, sound sleep and greater steadiness of gait. Mr. G. then returned to his bench at Attleboro, and worked steadily for a year, when pain recurred and he gradually succumbed, finally dying of exhaustion, too much discouraged to attempt further treatment.

Austie, in his admirable work, "Neuralgia and its Counterfeits," places the pains of locomotor ataxy among those that resemble neuralgia, but I cannot agree with him. If not neuralgic in the fine distinction which he draws, they are sufficiently so for our purposes, and may be relieved by proper galvanic treatment.

Facial neuralgia from pressure upon the ocular branch of the fifth nerve in exophthalmic goitre is an invariable accompaniment of that formidable disease. Its treatment will be described when we come to the consideration of the malady.

During the progress of Bright's disease, in its very earliest stages, I have seen most violent neuralgias of the supraorbital, malar and temporal branches of the trifacial, and have diagnosed it from these pains, together with retinal patches, before any trace of albumen was to be found in the urine. The small amount of relief afforded by any form of electrical treatment in these cases in my hands has led me to abandon it for internal medication. Without accepting the theory that all neuralgia is dependent upon some centric material change, there are certain varieties which so evidently accompany centric degeneration as to merit close attention. Chief among these are the muscle pains in paralytic affections. During the progress of a case of hemiplegia, brachial and sciatic neuralgias are quite common, and constitute perhaps the most annoying symptoms of the disease. Rest by day or night becomes impossible from the steady pain, which only yields to large doses of morphia, with subsequent ill effects of nausea and depression. Here the constant current plays a most important part, and procures for the unfortunate sufferer that relief which is so important a desideratum. In the treatment of these cases, I prefer above all others Dr. Radcliffe's plan of free galvanization, as described by him in his work on "*The Dynamics of Nerve and Muscle.*" "In a case, e. g. of cervicobrachial neuralgia, we place the positive pole as near as may be to the origin of the affected nerve; the negative pole is held in the hand of the same side, which is immersed in a basin of warm, salt water. In this same basin is another electrode, the wire from which is put in communication with the earth (grounded) most conveniently by putting it in contact with a gas pipe. The patient and battery must be properly insulated. The result of this arrangement is that the free negative electricity is carried off by the earth wire, and the limb remains charged with free positive electricity." In all cases of neuralgia in the trunks of long nerves I am in the habit of employing this method, and have obtained better results than in any other way, more especially when the negative pole, not grounded, causes a severe sensation of burning. Among the ex-centric neuralgias most frequently coming under our notice are sciatica, facial, intercostal, lumbar, crural, uterine, ovarian and cardiac.

By far the majority of cases of sciatica are rheumatic in origin, the results of exposure to damp cold, or are malarial. While appropriate constitutional treatment must never be lost sight of, there is no doubt that the pain may be relieved in almost every case by a descending galvanic current. It must, however, be used in strict consonance with the directions already given or failure may be predicted; and here it seems is a good place to reiterate the fact that only galvanism is applicable in trunk neuralgia. Faradism has proved worse than useless in my hands, and I cannot too strongly deprecate its use. In an ordinary case of sciatica the method is as follows: With the foot immersed in a basin of warm, soft water, taking care that the ankle is covered, place the negative pole beside it, *not touching*, and make firm pressure over the nerve at its exit from the ischiatic notch with the positive, attached to a small button, as this will allow a more careful localization of the current in the nerve than a larger plate would do. Direct a current from five cells of a low tension battery through the circuit, gradually increasing to twenty or more, the guide being the patient's sensations. Give him all he can bear. As the skin under the positive pole becomes red and painful, move it half an inch along the course of the nerve, being careful not to break connection or a shock will follow—just what we do not want. Continue the application at least twenty minutes—better thirty—and repeat daily. The best time of day is in the evening, as sciatica is usually worse at night. Three weeks is the longest period that I have continued treatment for this form of sciatica, relief from pain usually following the first dose.

CASE.—Mr. H. F., manufacturer of heavy machinery; age 35; height 6 feet; weight 175 pounds, and is robust in appearance. Disease commenced four months before, and, as he grew no better under the care of one of our prominent physicians, was referred to me for electrical treatment. The pain had been so severe that motion was restricted, and atrophy with lameness had begun. Upon the above plan treatment was begun, and continued at intervals for more than a year. Each application was followed by relief, and his nights were comfortable and restful. In spite of every constitutional care, the disease persisted in re-



curring, becoming worse as cold weather came on. Finally, I advised Mr. F. to go to a warmer climate for March and April, and he spent those months in Cuba and Florida with so good a result that he has not been at my rooms since. In this instance, a cure was not obtained, although relief from pain was very marked, and Mr. F. was an excellent patient.

Facial neuralgia is usually the result of exposure to a current of cold, damp air, to carious teeth or to what seems to be a habit. In cases of the latter class, everything in the nature of mental excitement brings on sharp facial pain, which rapidly intensifies until it reaches the dignity of neuralgia. In these cases also I have noticed a curious phenomenon, due, apparently, to vaso-motor sympathy with the painful nerve. About an hour after the pain has reached its climax, the eyelid and cellular tissue around the orbit of the affected side becomes tumefied with extravasated blood at times so as to completely close the eye. After the pain has subsided the swelling slowly disappears, leaving behind a genuine "black eye," exactly as if a severe blow had been received. In my own case this has gone so far as to disfigure my face for several days. Whatever may be the cause the mode of treatment is the same. Using a low tension current from four cells, place the positive pole, connected with a small carbon point, over the mastoid foramen of the affected side, and stroke the face with a large, soft sponge well moistened with salt water, following always the course of distribution of nerve branches. Never send the current inward. When the median line of the face is reached, remove the sponge and start again from the negative electrode. Have the room quiet and dark, make only slow, steady strokes, and the result will be excellent. Pain and irritation disappear like magic, and the patient usually falls asleep during the sitting. Two or three applications are usually sufficient to cure any recent case. If there are bad teeth, it is useless to attempt anything until they are attended to, and it is best to decline interference until after a dentist has been consulted.

Intercostal neuralgia is frequently very distressing, and in two of its varieties comes frequently forward for treatment. These are the mammary pain which comes on with most women just before or during the menstrual period, due to the intimate sym-

pathy between the mamma and uterus, and the pain attendant upon certain cases of herpes zoster. Sometimes mammary neuralgia is a constant accompaniment of pregnancy, but in this case it seems to be due to mere increased weight and consequent traction upon the skin and pressure upon the intercostal nerve branches below. It is best treated as follows: Place a flat negative sponge electrode under the dorsal vertebræ with patient recumbent, and envelop the whole breast in a soft towel well wetted with salt water. Mould a square of tin-foil so as to cover the towel closely, and attach the positive pole thereto by a fine insulated wire, which may be made to pierce the foil. Switch on gradually as many cells of a low tension current as can be borne, which will usually be about fifteen. When the treatment has lasted fifteen minutes it should be sufficient. If it is, the skin will be of a bright red and the pain gone. If not, continue ten minutes longer. One sitting is usually sufficient for each recurring attack. I have in my practice ladies who have been coming for years at monthly intervals for relief of this form of neuralgia, and they have, with rare exceptions, gone away quite free from pain. I am frequently asked by general practitioners: "Is there not danger in using a galvanic current in the region of the heart?" I cannot think there is the slightest. In my hands it has proven powerless for harm and potent for good. There is no theoretical reason why it should be injurious, and in my experience I have never seen any ill effects follow its use in any dose. But the same cannot be said of the induced current, whose powerful contractile current may be made to affect the cardiac muscles with startling effect. Care must be exercised in using faradism about the heart, but galvanism is safe in any careful hands.

The pain accompanying shingles, shows conclusively the neurotic origin of the disease. It is by no means always acute, not even always present. But when it does occur, it is clearly reflex in nature and is of the most wearing kind. During the past year five cases have been treated at my rooms, with unvarying success, relief from pain being immediate and complete and a cure rapidly following. My method is as follows: Provide a strip of thin flexible spring sheet copper, wide enough to cover the en-

tire eruption, and have it covered with two layers of soft flannel. To any part of it, the front will be found most convenient, have soldered a copper conductor. Place the patient seated upon an electric stool or a flat sponge electrode connected with the positive pole of a low tension galvanic series, and connect the positive with the copper belt. Switch on ten, then up to twenty or more cells, as they are borne. I have found as many as forty could be readily borne in some cases. Fifteen minutes is long enough for one treatment and it must be repeated daily, a cure being attained in ten or twelve days. It is really marvelous to see how the general nervous irritation which is so distressing a symptom of herpes zoster disappears under such applications as this, along with the pain.—*New England Medical Monthly.*

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**A New Method of Treating Asiatic Cholera Proposed.**—By S. S. TODD, M. D., PROFESSOR OF DISEASES OF WOMEN IN THE KANSAS CITY MEDICAL COLLEGE.

I do not wish, in this brief paper, to go into the subject of natural history of this disease. Thanks to modern investigation, we seem to stand on pretty solid ground now with respect to its cause and mode of propagation, and the best means of warding off the disease, lessening the ratio of its mortality, and possibly its *fatality*—or the ratio of deaths to the number attacked.

More light is needed on the subject of the pathology of the disease, however, and especially is it needed that the experience gained in former visitations and the present advanced views concerning the nature of the disease shall give better results in treatment than have been had hitherto.

The plan of treatment here proposed, it may be said, has the perilous disadvantage of being a *proposition*—something untried. It is this fact probably that will most commend it.

The hypodermic syringe of half-drachm capacity is familiar to all, and I am inclined to think that many indulge in the futile hope that in the coming epidemic much good will be had from the use of the hypodermic syringe in the ordinary way. It does not seem to have occurred to any, however, that the capacity of this instrument may be so increased that, instead of a few drops of some fluid, quarts of water, medicated as desired, may be

made to enter the circulation within a short space of time, and that the good results to be gained from the use of the instrument may depend almost solely upon its capacity to fill the depleted circulatory system rapidly with some desired fluid.

The possibility of doing this, even in cases of collapse, will hardly be questioned, and the *value* of the suggestion will, we think, be duly appreciated by those who have passed through an epidemic of this disease, and witnessed the torrents of serum poured forth and lost to the circulation with every evacuation of the bowels, and seen the hours of pitiless retching of the stomach, as it rejected everything put into it, either to relieve the maddening thirst or to restore to the organism its wasted fluids.

Some years ago I was led to believe that good results might be gained from the use of a syringe of such capacity as would allow of the introduction into the circulatory system, hypodermically, of large volumes of defibrinated blood, artificial serum, stimulants, etc., in cases ordinarily turned over to transfusion, as well as for the use of alcoholic and other stimulants in certain other adynamic states. No favorable opportunity of testing this method of transfusion has since occurred, but within the past two years I have, in some notable cases of great prostration, tested the value of alcoholic stimulants thus administered. Two of these were cases of septicæmia—one of them after a labor and the other following an ovariectomy.

In each of these cases rapid and considerable reduction, both of pulse and temperature, invariably and repeatedly followed the injection into the cellular tissue of the thigh of from 3 to 6 drachms of whiskey (sometimes brandy), with an equal quantity of water, the effects lasting about twelve hours. The force of the heart's action was always increased by the injection, the pulse losing in rapidity from ten to fifteen beats per minute, and the temperature being lowered from one to two degrees—to rise again ten or twelve hours afterwards if the dose were not repeated. Both of the cases referred to resulted fatally, but in one of them I am sure that life was prolonged for more than a week.

In one case of threatened death from shock and loss of blood during an ovariectomy, the patient's life was saved by an injection of ounces and a quarter of the above-named mixture. No ill effects

were seen to follow these large doses, and I am of the opinion that in certain cases the quantity of the alcoholic liquor might be increased with safety to two, or even more than two, ounces, if sufficiently diluted. The cases tolerating so large a quantity would be those where there had been an exhaustive hæmorrhage, or great loss of blood serum, as in cholera.

The object to be gained by the proposed use of the syringe in advanced stages of cholera is this: that without tasking the stomach, we may flood the circulatory system with an artificial serum that shall supply the place, as near as may be, of that which is being wasted, and also to introduce in sufficient quantities alcoholic, or other stimulants, and whatever else may be indicated.

The course of treatment, then, to which I wish to direct attention, and with the value of which it is perhaps needless to say I am profoundly impressed, would, without going into details, be something like this: All cases in their incipency, and all *mild* cases throughout the attack, should be treated with opiates and astringents, and *hot* water acidulated with sulphuric acid should be allowed, and urged upon the patient, to the utter exclusion of ice, ice-water, and all ice-cold drinks. Whiskey, wine or brandy may be added if the patient be much prostrated, or be suffering from fear, but in moderate quantities only. The abdomen should be covered with a large mustard poultice, and the feet should be kept warm.

In the more advanced stage of the disease, and in all severe cases, from the outset no time need be wasted with opiates or astringents, as they will do little good. Collapse is now imminent, and the hot drink should now be given more assiduously than before, and repeated again and again if the stomach reject it. The body should be kept as warm as possible with bottles of hot water or other appliance, and no rubbing allowed, if the patient can be otherwise kept quiet, as it limits the advantage to be gained from application of heat, an important consideration. Ice and ice-cold drinks, contra-indicated in all stages, are more hurtful in this, and however grateful to the patient, and however eagerly craved, should be rigorously denied, as tending to cause or aggravate an already existing algid condition.

It is now that the hypodermic syringe is to prove useful, if at

all. Large quantities of a fluid should be injected, at short intervals, composed of distilled water to which has been added a small quantity each of chloride of sodium and chloride of potassium, and such an amount of *alcohol* as may be deemed requisite, the solution to register 98° F. when ready for use. These injections should be repeated at intervals of one or two hours, the interval, the quantity of alcohol, as well as the whole amount of fluid used, to be regulated by the amount of serum waste, by the degree of prostration, and by the size, age and sex of the patient. It may not be out of place to say here that the writer has passed through the midst of two cholera epidemics. A syringe of 4 oz. capacity may be had of Geo. Tieman & Co., 67 Chatham Street, New York.—*Four. Amer. Med. Asso.*

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#### **The Illinois Medical Practice Act.**

Recent decisions in two cases—one under the Act to Regulate the Practice of Medicine in Illinois, the other under the Dental Surgery Act—sustain the right of the State Board of Health to determine the status both of a college and of a practitioner. Under the latter act the Supreme Court refused the petition of Isaac N. Sheppard for a writ of mandamus to compel the State Board of Dental Examiners to issue him a certificate or license based upon a diploma of the Indiana Dental College. The Board refused the license on the ground that the college was not a “reputable” institution. It was argued that the law constitutes the Board judges of the standing of a college, and that there is no power of review vested in any other body. “If the Board should arbitrarily or unreasonably abuse their discretion, and refuse a license without any reason therefor, there is a remedy for such abuse of a discretionary power.” But there was no ground for claiming that this was the case in the present instance. The Board, in its judgment, had decided that the curriculum of study and requirements for graduation of the Indiana Dental College were not such as to entitle it to be classed as a “reputable dental college,” and there is no power in the law given to any person or body to review and set aside, or confirm, the exercise of the discretion by the Board. The petition for a mandamus was denied.

In the case of the State Board of Health against C. Buel Rice, of Cincinnati, a graduate of the Medical College of Fort Wayne, tried in the Sangamon County Court, the defence set up the plea that, being a graduate of a "legally chartered medical institution in good standing," the defendant was entitled to the certificate of the Board; and that it was not competent for the Board to inquire into the moral or professional character of such graduates. On the part of the prosecution it was shown that charges had been presented to the Board alleging that Rice was in the employ of, and associated with, the "K. & K. Surgeons," a firm of advertising quacks from Cincinnati and elsewhere, and that in various ways connected therewith his conduct was unprofessional and dishonorable within the meaning and intent of the Medical Practice Act. Upon these charges the Board had refused to issue Rice a certificate until he had disproved the same. Instead of making any attempt at such disproof, Rice continued to practice, whereupon he was arrested for practising without the necessary certificate. The facts were admitted by the defence; but, as already stated, the court was asked to dismiss the suit on the ground that it was obligatory on the Board to issue its certificate to the possessor of a genuine diploma of any "legally chartered medical institution in good standing," regardless of the moral or professional status of the individual. This the court declined to do, but found the defendant guilty, and assessed a penalty of \$50 fine and costs.—*N. Y. Med. Record.*

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#### **The Missouri State Board of Health.**

The Missouri State Board of Health met July 8th, 1884, at the Laclede Hotel, St. Louis, and was called to order by the President, Dr. E. H. Gregory.

Present, Drs. G. T. Bartlett, G. M. Cox, W. B. Conery, Albert Merrell, and J. C. Hearne, Secretary.

The minutes of the previous meeting were read and approved.

The case of Theo. C. Wensil, of Canaan, Gasconade county, Missouri, was then taken up and after considerable discussion action was deferred until the next meeting.

On motion of Dr. Conery the following resolution was adopted:

*Resolved*, That the Secretary be and is hereby instructed to notify the Health Commissioner, that the State Board of Health desire to visit the Prisons and Eleemosynary institutions of the city at such a time as suits his convenience, either on Wednesday or Thursday.

On motion of Dr. Merrell the application of J. F. McNail, of Dexter, Stoddard county, Mo., was declined.

On motion the Board adjourned to meet at 10 A. M. Wednesday, July 9th, 1884.

JULY 9th, 1884.

Meeting called to order at 10 A. M., with Dr. G. M. Cox, Vice-President, in the Chair.

Present, Drs. G. T. Bartlett, W. B. Conery, Albert Merrell, E. H. Gregory and J. C. Hearne, Secretary.

On motion the case of the College of Physicians and Surgeons, of St. Louis, Mo., was brought up—Drs. Bauer, Barnes, *et al.*, being present as representatives of said college, and Drs. King, Broome, *et al.*, as representing the retiring faculty, also being present. After the case had been thoroughly ventilated and discussed, on motion of Dr. Conery the following resolution was adopted:

*Resolved*, That without prejudice to the College of Physicians and Surgeons, as to its standing, this Board will recognize its diplomas of the graduating session, ending 1884, provided evidence be presented by each individual holder thereof that they have complied with the minimum requirements of this Board.

On motion of Dr. Hearne the following resolution was adopted:

*Resolved*, That the Secretary be and is hereby instructed to require of the graduates of the College of Physicians and Surgeons, St. Louis, of the class ending 1884, upon application to this Board for certificates of registration, the certificate of a majority of the retiring members of the faculty of said college, to the effect that they have complied with the minimum requirements of this Board.

On motion of Dr. Merrell the following resolution was adopted:

*Resolved*, That charges and specifications be required in all cases brought before the Board, if involving the professional or moral standing of individuals, or reflecting on the management of Medical Colleges.



*Resolved*, That all written statements submitted as testimony in such cases must be sworn to before a duly authorized officer of the law.

*Resolved*, That verbal testimony shall be given under oath and a record kept of its substance.

*Resolved*, That the Secretary is authorized when so requested to furnish the accused in any such case a transcript of the record, including charges, provided that such transcript shall be without expense to the Board.

*Resolved* That the hearing of such cases shall be in the presence of the Board and its clerical assistants only, and that none of its proceedings be given to the press until a conclusion is reached.

On motion the Board adjourned until 2 P. M.

Board met at 2 P. M., with Dr. E. H. Gregory, President, in the Chair.

Present, Drs. Albert Merrell, G. T. Bartlett, W. B. Conery, G. M. Cox, and J. C. Hearne, Secretary.

The case of one Wm. A. Humfelde, of Holstein, Warren county, Mo., was considered, and on motion of Dr. Conery the following resolution was adopted:

*Resolved*, That the Secretary be instructed to refer all the papers in the case of Dr. Humfelde to the Prosecuting Attorney of Warren county, to bring suit against said Humfelde for making false affidavit, and upon which he received the certificate of this Board.

On motion of Dr. Conery the following resolution was adopted:

*Resolved*, That all Physicians in the State of Missouri, claiming their certificates by reason of the five year clause of the present law regulating the practice of Medicine and Surgery, shall furnish a certificate of their registration, and the date thereof under the old law, as evidence of the same entitling them to a certificate from this Board.

On motion the following cases were brought up and summarily disposed of, to-wit:

The application of B. F. Hendricks, of Clarence, Mo., upon the certificate of ten years' practice of the Illinois State Board of Health, was declined.

The certificate of A. W. Ramey, of St. Louis, No. 420, issued January 23rd, 1884, was ordered revoked.

The papers in the case of Dr. F. P. Gideon, of Galena, Mo.,

were ordered referred to the Prosecuting Attorney of Stone county.

The certificate of Julia M. Koontz, of Mexico, Mo., No. 519, issued March 1st, 1884; also certificate of Jerry M. Koontz, of Mexico, Mo., No. 520, issued March 1st, 1884, were duly revoked.

The certificate of John Elder, of Sullivan, Mo., No. 387, issued December 15th, 1883, was ordered revoked.

The certificate of J. A. Knighten, of Billings, Mo., No. 343, issued December 21st, 1883, was ordered revoked.

The application of J. N. Haynes, of Pleasanton, Linn county, Kansas, upon the certificate of the county Board of Randolph county, Arkansas, was declined.

The papers in the case of T. J. Mahon, of Medora, Mo., were ordered referred to the Prosecuting Attorney of Osage county.

The certificate of Fred. Vernet, of Montgomery City, No. 510, issued February 25th, 1884, was ordered revoked.

The papers in the case of Susan E. Martindale, of Chillicothe, Mo., were ordered referred to the Prosecuting Attorney of Livingston county.

The papers in the case of R. G. Brown, of Hamilton, Mo., were ordered referred to the Prosecuting Attorney of Caldwell county.

The application of Dr. Powell, of Springfield, Mo., for the certificate of this Board, was declined.

The case of Dr. J. S. Morgan, of Poplar Bluff, Mo., was held over for further consideration.

In the case of R. F. McMurtry, of Cold Water, Wayne county, Mo., the Secretary was instructed to inform him that he must furnish the certificate of registration of the County Clerk, under the old law, as to the length of his time of practice in this State.

The report of the Secretary was then read and discussed, and the same was ordered to be printed in pamphlet form for distribution.

On motion of Dr. Bartlett the Secretary was instructed to give himself credit with \$54 on account of having issued certificates to 54 parties who claimed to have sent the fee, one dollar, there

being no record whatever in his office that the same was ever received.

The Board adjourned until 10 A. M.

JULY 10th, 1884.

Board met at 10 A. M., with Vice-President Dr. G. M. Cox in the Chair.

Present, Drs. Albert Merrell, W. B. Conery, G. T. Bartlett and E. H. Gregory.

Dr. Hearne, Secretary, having been called home on account of the serious illness of his wife, in his absence, his assistant, Mr. F. E. Taliaferro was appointed Secretary *pro tem*.

On motion the subject of Cholera was taken up and thoroughly discussed by all the members present, and the following resolution was adopted:

**WHEREAS**, Asiatic Cholera has appeared in Europe; and

**WHEREAS**, Published reports indicate that it is not as virulent, and it is questionable if it is even epidemic, therefore,

*Resolved*, That while it is the opinion of this Board there is no probability of its early appearance in this region, yet experience in former years indicate the wisdom of taking proper precautions to prevent its becoming epidemic, in case it should appear in this country, therefore,

*Resolved*, That we earnestly advise all communities to take early steps to put their environment in the best possible sanitary condition.

*Resolved*, That all citizens are requested to co-operate with the authorities, by the destruction and removal of all filth from their premises and thorough disinfection of all suspicious localities, ventilation of cellars, cleaning of drains, repairing defective sewer connections, and in general avoiding all unhygienic conditions which predispose to attacks.

*Resolved*, That the Medical profession are earnestly requested to advise their patrons in the matters referred to in the foregoing, and to urge their compliance therewith.

Dr. W. B. Conery then read his report on Hog Cholera or Swine Plague, and on motion of Dr. Cox the following resolution was adopted:

*Resolved*, That the Secretary be and is hereby instructed to have the report on Hog Cholera or Swine Plague, as read by Dr. W. B. Conery, printed in pamphlet form for distribution.

On motion the sympathy of the Board was extended to Dr. Hearne in his late bereavement.

Dr. Jno. Elder presented himself before the Board, and after stating that he had severed his connections with the K. and K. Surgeons, and that he desired to prosecute a legitimate business, on motion of Dr. Conery the following resolution was adopted:

*Resolved*, That any further action in the matter of Dr. Jno. Elder, of Sullivan, Franklin county, Mo., be deferred until the next meeting of this Board.

Of the nine candidates that appeared before the Board for personal examination, the following were found qualified to practice Medicine and Surgery, and were ordered the certificates of this Board to that effect, viz.: J. S. Foster, Seligman, Mo.; S. L. Mitchell, Licking, Mo.; S. W. Chandler, Sarcoxie, Mo.; W. G. Hughes, Holcomb, Mo.; J. K. Cole, Larmar, Mo.; W. R. Harris, Washburn, Mo.; W. M. Drake, Larmar, Mo.

On motion the Board adjourned, to meet in the city of St. Louis, at the Laclede Hotel, on October 4th, 1884.

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#### **Nitrite of Amyl in Ague.**

An ague may be safely and certainly cut short, even after a patient has begun to quake, by the administration (by inhalation) of 4 or 5 drops of amyl nitrite. The medicine is dropped on a pledget of cotton held in the palm of the hand, and applied to the nose of the patient. In a few minutes (generally five or six) the face flushes, and perspiration breaks out from every pore. The pulse rises, and the patient will complain of feeling oppressively hot. There may be some headache afterward, but never any fever. Quinine should be administered in the *interim*, as the effects of the amyl nitrite are not curative or lasting, and the chill will be very apt to return at the regular time, unless the antiperiodic is given.—*National Druggist*.

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#### **The Treatment of Tapeworm—Pelletierine.**

*To the Editor of the Medical Record.*

SIR.—Having noticed several inquiries in the columns of your journal recently in regard to the most successful method of disposing of tapeworm, and having treated a number of cases with the remedy which heads this article, I have concluded to give the profession the benefit of my experience.

Few practitioners of large experience have escaped the annoyances spoken of by your correspondents. In a practice extending over twenty-four years I have treated about twenty cases, some of which have been very perplexing, especially the *tænia saginati*, or beef-worm. Almost any of the remedies ordinarily used will destroy the *tænia solium* or pork-worm. The popular idea that the former, or unarmed variety, is the easiest to destroy is erroneous. I have succeeded with almost all the remedies which I have tried in destroying the *solium*, but only occasionally have I been successful in expelling the *saginati* entire with anything except the pelletierine. The prevalent opinion that the *solium* is the more prevalent of the two worms is also a mistake, as I have met about three of the former to one of the latter.

CASE I.—On July 2, 1883, I administered pelletierine to a vigorous, healthy male patient, forty-five years of age. He had been afflicted with the worm for fifteen months. He had taken, June 25, 1882, fluid extract kamela, and passed about twenty-five feet of the worm, but no head. In about three months the ripe segments began to pass again. At this time he took fluid extract male-fern with a result similar to the kamela. In December following he took kousso, with the same result, passing about twenty feet of the parasite. In March following a mixture of male-fern and kamela was given the patient, with the usual result. On July 1, 1883, twenty grains of Merk's tannate of pelletierine was given. No part of the worm was dislodged, but upon the following day, at 5 o'clock P. M., one ounce of Tanret's pelletierine was administered, followed by four ounces of infusion of senna, and at 7 o'clock A. M. the parasite, unbroken, was passed, to the great relief of the patient.

CASE II.—Wife of Case I., contracted the disease at the same time, both being afflicted with the *tænia saginati*. Patient had similar treatment, with no better results. Pelletierine was administered July 4, at 3 o'clock A. M., followed in one hour with the infusion of senna. Parasite passed entire at 6 o'clock A. M., making the entire family happy.

CASE III.—Was that of a German, aged fifty-seven. Had been afflicted five years. Had taken medicine several times without success. Was unable to ascertain what remedies had been

used. Two years before consulting me had an attack of typhoid fever, which lasted six weeks, during which time several feet of the worm passed. May 21, 1883, gave him fluid extract of kamela, after the usual preparations. Passed about fifteen feet of the parasite, but no head. Three months afterward the patient returned for further treatment. Gave him pelletierine, but a portion of it was lost by vomiting; repeated the dose in three hours, followed by one ounce of compound tincture of jalap. Worm passed unbroken in one hour after the last dose.

CASE IV.—Male, aged thirty-four; carpenter by occupation; had been passing proglottides about a month. Had taken medicine from a physician, which purged him violently, but with no result. Gave him pelletierine after the usual preliminary treatment, following it with compound tincture of jalap, which did not move bowels for nearly six hours. The parasite passed unbroken notwithstanding the delay.

CASE V.—Was a young man, aged twenty-one; student, who had been afflicted over two years, but had taken no treatment. Gave medicine in the usual way, with a perfect success.

CASE VI.—Was a young lady, aged fifteen. Had been afflicted two years. Had taken kamela, kousso and male-fern without success, passing several feet of the worm at each administration, but no head. I gave her the pelletierine in the usual way, with the same success as in the other cases.

All the preceding cases were of the *tænia saginati*. Perhaps one reason I have met *saginati* oftener than the *solium* is because I practice in a blue-grass, beef-producing region, and where a majority of the inhabitants eat their beef underdone.

No symptoms were present in any of my cases which would indicate the presence of tapeworm, except the passing of the ripe segments. The patients had none of the symptoms laid down in the books. They all enjoyed vigorous health, and complained of nothing save the annoyance caused by passing the proglottides, which is liable to occur at any time without warning.

Pelletierine is the alkaloid of the pomegranate bark, and is manufactured by Charles Tanret, 64 Rue de Rampart, Paris, France. Tanret is a student of Pelletier, who first succeeded in extracting the alkaloid from the chinchona bark. A desire to

honor the name of his illustrious preceptor is sufficient cause for the name of the alkaloid.

It is a pleasant, safe and speedy remedy. When stirred in a glass of sweetened water it is as pleasant to the taste as a glass of lemonade. It is followed in a few minutes by a transient dizziness or vertigo, which in some of my cases was quite severe. It should be followed in a half or three-quarters of an hour by a brisk cathartic—compound tincture of jalap or infusion of senna. A neighboring practitioner gave the cathartic before administering the remedy, and the worm was expelled in less than an hour after taking the pelletierine, but it was a *tænia solium*.

G. C. SMYTHE, M. D.

GREENCASTLE, IND., June 24, 1884.

### **Some Practical Facts Regarding Asiatic Cholera.**

*As to its nature and mode of prevention.*—Asiatic cholera requires for its development, first, a specific germ of poison; second, a proper soil for the poison to grow in. We may not be able to keep away the germ by quarantine, but we can destroy the soil by disinfectants.

"Excrement-sodden earth, excrement-reeking air, excrement-tainted water," these are for Americans the cause of cholera.

Cholera attacks the most insalubrious places in a city in succession. Hence every man can choose whether he will live in a nidus for the disease or not.

The poison of cholera exists in water and wet soil chiefly, also in food, and in the air near infected spots only. It has a very short reach. It is infectious and portable, but not contagious in the ordinary sense. Hospital attendants, nurses, and doctors, if careful, are but little more liable to the disease than others living in the same locality.

Koch's cholera bacillus, if really a pathogenic agent (which has not yet been proved), is only one of the factors necessary to develop cholera.

Maritime quarantine is of use in preventing cholera. Inland quarantine and sanitary cordons are of no value. To keep clean is the best internal quarantine.

The best disinfectants for cholera are carbolic acid, the zinc and copper salts, and corrosive sublimate.

There are no specifics against the attacks of cholera, except perfect domestic and personal cleanliness, temperate living, and leaving the infected spot.

The French have an old "preventive of cholera," which runs as follows:

"Tiens tes pattes au chaud,  
Tiens vides tes boyaux,  
Ne vois pas *Marquerite*.  
Du choléra tu seras quitte."

The prevalence of typhoid fever furnishes a fair indication of the extent to which cholera would spread if it reached a city. Such is the conclusion of English observers. There is very little typhoid in New York City now.

Persons living in low-lying parts of a city or town are the most liable to cholera. The inhabitants of high flats, properly plumbed, are safe.

Panics over cholera, such as occurred at Toulon and Marseilles, show ignorance as well as cowardice. Modern sanitation can hold cholera in check.

The *mortality from cholera* does not average over fifty per cent. It is generally less toward the close of an epidemic. The mortality is less in those treated in hospitals (in England). The mortality rate varies somewhat with each epidemic.

The *duration of a cholera epidemic* in a given community is several months, unless it is "stamped" out by sanitary measures. It may go away and return again next year. In any limited locality it expends its force in two or three weeks.

Of individual cases, the duration, if fatal, is about two and one-half days, if non-fatal, about nine days. The period of incubation of cholera is from two days to a week.

*Diagnostic points.*—Painless, profuse, diarrhœa should excite suspicion. A case showing such symptoms as non-feculent, very copious, watery stools, of a rice-water character, early cramps, quick exhaustion, low temperature, pinched facies, should make the physician very suspicious. If cholera were present in the locality his diagnosis could be positive.

*Points in treatment.*—Epidemic cholera is generally preceded by a painless diarrhœa. This, if attended to at once, can be easily cured in ninety-nine per cent. of the cases. Hypodermic



injections of morphine, and the internal use of opium, aromatics, and astringents, are indicated here. In the collapse stage of cholera give ice-water and ice, but be careful in the use of stimulants. Watch the pulse to see if they affect it. Horner's anti-cholera mixture, recommended by Hartshorn and Bartholow, may be used before or at the beginning of the stage of collapse.

R. Chloroform, tinct. opii, spts. camph., spts. ammon. aromat., āā fʒjss; creasote, gtt. iij; olei cinnamomi, gtt. viij; spts. vini gall, fʒij. M. Sig. Gtt. x. to xx. in ice-water every five minutes.

A hypodermic injection of morphine is a most effective remedy for the diarrhœa.

Cholera specifics do not exist. Oxygen saline venous injections, chloride of sodium drinks, warm baths, calomel, camphor, venesection, have all failed.—*N. Y. Medical Record.*

### Otorrhœa.

M. H. Eades, M. D., of New Hampton, Mo., in May *Brief*, wishes treatment for his little boy four years old, who had scarlet fever about two years ago, leaving a discharge (as I suppose) from ear, and dullness of hearing, which still continues. The case is one of chronic otorrhœa, but if the doctor will follow my plan of treatment strictly, I think he will have the happy result of curing his boy. That which I consider of paramount importance in all cases of discharge from the ears, is thorough cleanliness. Prof. J. J. Chisholm makes the bold statement, "that cleanliness alone will cure many of these most obstinate cases of otorrhœa." Now the question arises, how can we obtain this desired cleanliness? By washing with warm water if properly done. Secure a proper ear syringe, and one that can be worked with one hand. Remembering that the hearing apparatus has three natural divisions, viz.: external, middle and internal; and the passage not a straight one, we will use the other hand for this purpose, by drawing the ear upwards, backwards and outwards, and the warm water to be injected into the ear, downwards and inwards. This will throw the stream to the drum cavity and thoroughly clean it. After a few injections thus, see if it be clean by attaching a little raw cotton

to a stick or special applicator, and gently carrying it to the bottom of ear passage; upon its removal it should be free from stain. Now that the ear is thoroughly cleaned, apply the following ear drops:  $\mathcal{R}$  Sulph. zinc, gr. iij; acid carbol., gr. iij; aquæ, oz. j.

After a few applications of the above, should it fail, use in the place of the zinc any one of the mineral salts, as alum, borax, or bi-chloride mercury. I have found alum to give more satisfaction than any remedy I have used. To prevent it from lumping, as it will do in damp weather, add a small quantity of lycopodium powder to it, say, lycopodium five grains to the drachm of alum. After thoroughly cleaning the ear, and wiping the passage dry with cotton attached to an applicator, puff into the ear the alum mixture; filling the drum cavity with it. This can be done through a quill or puff bottle. After twenty-four hours, syringe again and apply the mixture, and so on once a day, until discharge ceases. I have sometimes substituted tannic acid with advantage. In children of enfeebled conditions, give cod liver oil and iron.

B. F. KIBLER, M. D.,  
High View, Va.

—*Medical Brief.*

### Copper and Cholera.

M. Burq has renewed his advocacy of copper by writing a note which was presented to the French *Académie des sciences* at a recent meeting by M. Bouley ("Gaz. hebd. de méd. et de chir."). The note contains the following propositions:

1. Persons imbued with copper by working with the metal daily have always been exempt from cholera, with very rare exceptions.
2. Numerous experiments in certain hospital services have demonstrated that the free use of copper is sovereign against the cramps and other nervous phenomena peculiar to cholera.
3. Dr. Lisle's cases (twenty-five cures in thirty-two cases), Dr. Pellarin's, Dr. Arnal's, Dr. Blondet's, Dr. Berger's and those of others, as well as M. Burq's own experiments made at the Hôtel-Dieu in 1866, in conjunction with M. Horteloup, showed that the salts of copper, administered freely by the mouth and by the rectum, and by the endermic method in the

gravest cases, were the remedy *par excellence* for cholera. Of sixty-six known cases of confirmed cholera, eighteen of which were treated at the Hôtel-Dieu, in which the absorption of the remedy was still possible, there were fifty-five recoveries.

[At a meeting of the *Société de biologie (Ibid.)*, M. Boche-fontaine submitted a letter from Dr. Muston, of Monthéliard, contradicting certain of M. Burq's assertions relative to the cupric immunity from cholera, and stating that the workmen of Beaucourt, composing nearly the whole of the population, all work in copper, brass, iron, and steel, and that they were decimated by the epidemic of 1854, although they were the very workmen that M. Burq has declared were preserved from the disease.]—*N. Y. Med. Journal.*

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**Ustilago Maidis, Viburnum Prunifolium, Normal Liquid Cannabis Indica.** BY CONRAD GEORGE, M. D., ANN ARBOR, MICH.

Among the new remedies of value with which the *Therapeutic Gazette* has made me acquainted, I would mention corn ergot. I have used it since 1876, in cases in which uterine pains were too short and lacking of propulsive power, with gratifying success. I have found it invariably to produce strong, normal expulsive pains, with intermissions of from three to five minutes. During the intermission I find the uterus completely relaxed—a condition so supremely necessary to the safety of the child. I have not lost a child from its administration. Of course, I invariably apply the forceps when the progress of the head is not commensurate with the severity of the pains.

With black-haw (*viburnum prunifolium*) I have had equally signal success in this direction—the prevention of threatening abortions. Thus, in one case I saved the life of a fine boy during the third month, when the mother had aborted three times previously at the same period of gestation. In another case it actually caused a “missing” abortion. In this case the mother, a primipara, was threatened with abortion in the third month. I prescribed the remedy, and the pains and flow ceased. Six months later a dead fœtus, of about three months, was expelled. During the six months she suffered from various symptoms, at that time unrecognized as due to the retention of a dead

foetus. The foetus was not decomposed; it looked more as if it had been preserved in alcohol. The symptoms observed were, invariably, attributed to a disturbed nervous system, the uterus itself being not at all disturbed, and an unrecognized constipation had caused the abdominal deception. This was indeed a "missed" case in many respects.

The introduction of normal liquids marks an era in medicine. I find the dose as reliable as that of an alkaloid—*cannabis indica*, so notoriously uncertain, not excepted. I have now used the *cannabis indica* in two cases of menorrhagia with marked success. In the first case the hemorrhage had been so severe that other physicians had tamponed twice, and used hot and cold injections and stimulants. When I saw this case for the first time, it looked more like a post-partum hemorrhage than a menstrual period. The loss of blood was appalling. After this period was passed over, I made a thorough examination of the uterus, but found nothing abnormal. The organ was of usual size, free from pain, tumors, etc., and the mucous membrane not at all inclined to bleed. At the next period I commenced with normal liquid *cannabis indica*, giving six to eight drops, and repeating the dose as the cerebral symptoms began to subside. My patient lost only an ordinarily large quantity of blood. The flow invariably lessened with the intensity of cerebral excitement.—

*Therapeutic Gazette.*

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#### **Chloral Hydrate as a Vesicant.**

Chloral hydrate as a vesicant has been advocated by several journals of late. The following is the plan recommended by Dr. A. M. Fauntleroy, in the *Southern Clinic*:

Powdered chloral, sprinkled on adhesive plaster and melted by a gentle heat (not more than enough to cause the plaster to adhere to the flesh), is applied while warm to the part where the blister is wanted; within a few minutes a gentle heat is felt, increasing in intensity for a short time, then gradually easing off, and at the end of about ten minutes the part is free from pain. At the expiration of this time, or as soon as the pain has subsided, the plaster, if removed, will disclose a surface as effectually blistered as by a cantharidal plaster after six hours. Thus,

within about ten minutes the work of an old-fashioned blister is accomplished, with many advantages over the latter: (1) rapidity of action, (2) the ease of application, (3) the non-occurrence of strangury, and (4) farther, it may never be taken off to have the blister dressed, but may be allowed to remain until the plaster loosens and comes off itself, the blistered surface in the meanwhile healing kindly.—*Weekly Medical Review*.

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### **Apomorphia as an Emetic.**

If the reader will reflect for a moment, he will understand the value of such a remedy as apomorphia—a remedy that will cause prompt and rapid emesis when injected subcutaneously. Routh reports two cases that demonstrate its action very nicely. The first case was one of oxalic acid poisoning; the patient, when found, was already dying; the hands were clenched; froth and blood were oozing from her mouth, and respiration apparently had ceased. The pulse was barely perceptible. She had not vomited. 0.004 gramme (gr. one-sixteenth) of apomorphia was now injected subcutaneously, and in 2½ minutes the contents of the stomach were suddenly and forcibly ejected; the pulse became perceptible, but soon ceased entirely. The second case was of a woman found in a comatose condition, evidently due to spirits, since she was in the habit of taking large quantities of brandy. She could not be aroused. The pupils were dilated, pulse was intermittent, respiration stertorous, and the stomach full of fluid. 0.004 gramme of apomorphia was injected under the skin. The effect was to cause the emesis of one pint of alcoholic fluid in the course of 3½ minutes, and in the course of 5 minutes more almost a quart of pure brandy was ejected. Pulse and respiration began to improve rapidly, and in 12 hours the patient awoke and felt good.

According to Routh, apomorphia does not excite vomiting during chloroform narcosis.—*Pharmaceutische Post*.

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### **Cholera.**

Almost daily we are asked the question, "What about the cholera?" We answer, let us not be frightened, for there is no probability of cholera in America this year.—[EDITOR.]

## EDITORIAL.

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### Medical Legislation.

Prof. Younkin's paper on medical legislation should be carefully read. Physicians can and should obey the laws of the land, and whenever they do not behave properly and as they should, then they ought to be restrained. While we are always opposed to *class* legislation, we have no objection to medical laws that mete out justice to all; and we are quite certain that no State in this Union can possibly pass and execute any law that will burden eclectics, or even embarrass them, if they will only pursue a sensible course, and undertake to practice no humbuggery. But whenever it is seen that eclectics seek to evade laws—even defy them—and refuse to register under “Medical Practice Acts,” then suspicion is excited at once, and in some instances men are apparently strenuously dealt with. When a physician seeks to escape reasonable requirements, such as a fair English education, the attendance of a certain number of medical lectures, and insists that he shall be licensed to practice medicine without question or restraint, then we are almost certain to find him deficient somewhere. Eclectics, as a class, are not behind in anything. In fact they are greatly in advance in many particulars, and in the West, especially, they have the reputation of being a class of well educated, refined, and highly accomplished physicians. They command the respect and patronage of the higher classes and wealthy people in all communities where they are located. They certainly merit all this, or it would not be so. With the City and State authorities in the West, no branch of the medical profession stands in higher esteem, and all the privileges granted to other schools of medicine are enjoyed by eclectics. But there are a few eclectics out West that train with our Cincinnati friends, and set themselves against all medical legislation. This is a great mistake. We should remember that while we behave as well as others, and while our practice shows as

good results as any, the people will not suffer us to be abused; but the moment we show signs of cowardice, manifest a disposition to escape the requirements of the law, then the people say, why? If eclectics are as well educated as other physicians, can they not pass any examination that others can? Certainly they can, and when they show a willingness to do this, the State always provides an examining board with one or more eclectics upon it, as in Illinois and Missouri. But let the leading eclectics of a State fight the laws, and teach the readers of their journals that medical practice acts are unconstitutional, and advise contempt instead of obedience, and it is not to be wondered at if that school of medicine that shows a willingness to submit and obey the laws should have all the offices and emoluments. It is a great mistake in our Cincinnati and New York men to plant themselves upon the opposite side of this question. It excites animosity and resistance, and where the influence and opposition are great, as in New York, the weaker party is demolished. The United States Medical College is an example. While it was headed by men of education and merit, the policy was bad. They undertook to fight on the wrong against great odds, and annihilation was the result. Had they pursued a more careful, and we might say legitimate course, the people would have supported them; but while the leading men of any school of medicine hold up for unbridled freedom, and defiantly herald the fame of quacks and their nostrums, and engage the services of such bold advertisers as R. V. Pierce to defend them before legislatures, they need expect nothing else but defeat. There may be much truth in what such men say, but it is nearly always in bad taste and ill temper.

While we may feel oppressed in some instances, and while we see the necessity of thorough organization for the protection of our school of medicine, we should not permit our opposers to force us into wrong positions. If they can do this, as they have done in many instances, then we are placed at great disadvantage. And whenever we place ourselves against all medical legislation, that very moment we are beaten. Instead of opposing medical legislation, we should work in harmony, if possible, with the law makers, professions and people, and have the laws

made as nearly as we think they should be as it is possible for us to do. When the laws are made, then we should obey them. It is a bad mistake to treat them with contempt, and we would advise all eclectics in the West, who have been training with Cincinnati, to pause and think for a moment. Of course the old college has a patronage that supports it well, but unless its policy is changed it will decline. And while it has done much, it might have done even more, with the age and advantages before it. Why are their professors persistently kept out of the hospitals at Cincinnati? and why are their students obliged to depend upon old school lectures at the hospitals? This is not so in St. Louis, for our own professors lecture in the city hospital, and have equal advantages with other schools. The facts are that the policy of our men in Cincinnati has been such that the authorities would never admit them to the hospitals. And if they persist in their fight against medical legislation, and the readers of their journals train with them, such an opposition will be excited that it will be the next thing to impossible for any eclectic to get justice anywhere, much less get into public position of any kind.

What we want is to thoroughly qualify ourselves for the profession, interest ourselves in all the laws that are made, hold ourselves in readiness to obey them and comply with the same requirements as other schools of medicine, and when it is found that we really do all this, and do not undertake to evade the laws, all creation can't hurt us. We will stand, in a legal point of view, on an equality with other schools, and professionally we will always reach the highest point we merit. And now if there is an eclectic physician in the State of Missouri who is not properly registered under the laws of the State, we earnestly advise him to take steps to register at once. If he has been in practice a long time let him register anyhow; if he is a graduate, he should register; if he is an undergraduate, he should attend college and legally qualify himself; or if he wants to practice before he graduates, let him go before the board for examination.

This is our policy, and upon it we take our stand, and if we cannot win with equal chances then we know we do not deserve to succeed.



If in any case we think the laws of our State are not what they should be, our best course is to work harmoniously for repeals or amendments, and here, again, is the advantage of thorough organization.

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### **Professional Jealousies.**

The green-eyed monster, jealousy, causes a great deal of unhappiness in domestic circles, and in the professions it is one of the greatest hindrances to success and progress. We have always urged our students and readers to cast jealous feeling away from them, and to do all kinds of business from an independent, unselfish stand-point. In the daily practice of medicine we come in contact with neighbor physicians of all schools of practice, and the people naturally select from us the physician they prefer. This is their right, and they should be free to employ the doctor they want, without embarrassment of any kind; and if, at any time, they should desire to call another physician, either in consultation or to take charge of a case, they have the right to do so. I am sure that if I am not wanted I will readily give up a case to anybody that may be preferred. And when people want my services, no matter what the circumstances may be, I am ready to answer their calls, and do the very best I can for them, provided, always, that there is some promise of pay. When they need me no longer, let them pay me off and discharge me, and get the man they want, and I will not whine about it, or look hard at the preferred man; if he can excel me, let him do so. It is very foolish for a doctor to get offended because he is not employed in cases where it would seem that his services were demanded. But the more indifference we manifest, under such circumstances, the better it will be for us. Let the people employ the man they want, and when they want us let us answer promptly, and render as valuable services as possible, and we have done all we can do—the very best that can be done.

Professional jealousies are not confined to the daily practice of medicine; we see them manifested in nearly all the books and journals published. Between different schools of medicine we might expect some jealousy—not right, at all—but in our own

school there seems to be the same spirit manifested. As examples of what we refer to, we call attention to a few facts: Let any reader of the *AMERICAN MEDICAL JOURNAL* examine it from month to month, and he will find extracts and quotations from all sources, no matter about the school, and where a good thing has been done the editor makes a note of it, credits the author, and never has any fears about the bad results. In this way operations and practices of various kinds are heralded by this journal, without a single thought about who is to gain the most from it. Now turn to the so-called regular journals of this country, and search them from century to century, and how often do we find a quotation from an Eclectic journal in them? Why is this? Is it because there never happens to be anything in Eclectic periodicals worth republishing? Nobody can say this, for there is no truth in the statement. A few cases of convulsions were carefully treated by hypodermic injections of gelsemium, and they were reported by the editor of this journal and Prof. Younkin. They were important cases, but how many allopathic journals reprinted these items? We have not seen them referred to even. Some time ago Prof. Younkin removed a spleen from a woman in Texas, and a detailed history and the successful termination of this master operation was published in the *AMERICAN MEDICAL JOURNAL*, which reaches about one hundred and fifty journals in exchange, and if any Allopathic journal has ever hinted at the case we have not seen it. Was this not an important case? And our contemporary Eclectic journals do little better in this regard. Why is this? Nothing but jealousy can work such behavior. But the fittest will survive; so we are not disturbed.

In another direction we see this same jealous manifestation. Look over the Announcement of the American Medical College, and as text-books we find the leading authors of the different schools named. Where in the announcement of any Allopathic school do we find Eclectic authors mentioned? and yet we have many. And again, our Eclectic contemporaries, some of them, are little better than the Allopaths in this regard. Some half a dozen Announcements of Eclectic colleges are before us, and while their authors are well acquainted with the fact that Prof. Merrell's *Pharmacy and Therapeutics* is one of the best works

in print, nearly all of them having had a copy furnished them gratis for review, we rarely find the work mentioned as a textbook. Why is this? Why do Eclectic schools so strenuously avoid the mention of others of the same practice? If we would succeed we should work in harmony. There is a merit in Eclectic principles and practice that, if properly managed, might lead to a wonderful revolution in the practice of medicine. Legitimate, harmonious work, from an independent stand-point, all jealousies laid aside, will accomplish what is needed. Jealousy, bickerings, loose practices and lawless behavior will result in nothing but discontent, disruption and final dissolution.

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#### **An Englishman's Opinion of Eclectics and Eclectic Drugs.**

In a paper read before the Manchester Pharmaceutical Association by F. C. J. Bird, M. D., the author gives his views of eclectic practitioners by according credit of having greatly enriched the materia medica. "The word eclectic," he said, "really meant selection, but now conventionally it is understood to refer to a class of medical men in America, who confine the drugs used in their practice to substances obtained from the vegetable kingdom only; and who, when they have exhausted the drug by treating it with alcohol, precipitate the tincture with water, and drying the resulting resinoid powder, believe the preparation thus produced to represent the entire active constituents of the drug, divested of all inert woody matter, etc.

"For a long time this class of practitioners was regarded, to a certain extent, by medical men of the other schools as quacks, but the valuable quality of some of their now well-established remedies \* \* \* have done much to remove that feeling."

Thanks to this Transatlantic doctor for his confession so noble and manly. Might not many of our American allopaths do likewise?

Dr. Bird, though seemingly honest in what he says, might have informed himself better than to affirm that the eclectics confine themselves to the use of such drugs as are "obtained from the vegetable kingdom *only*." He might have known that our use of drugs is unlimited—not confined to any kingdom, but to all kingdoms, of all countries and all nations. Our literature is now

so extended that it would seem that no intelligent savant could make a mistake of this kind without doing so intentionally; yet we are willing to believe he did it ignorantly.

By the way, there is an apparent disposition all along the line to say little or nothing concerning the drugs of eclectic discovery. For years we had been using podophyllin, irisin, leptandrin, and many other drugs, before the names of these drugs were allowed even to enter the periodicals of our old school brethren. And now gelsemium is made the subject of a lengthy article in the June number of the *Chicago Medical Journal and Examiner* by Dr. C. G. Davis. Of course no credit can be given to eclectics, though they have described every property of this drug long years ago. They are just now *discovering* (through our writings of course) that hamamelis is a remedy in varicose veins, menorrhagia and hæmorrhoids.

Again, the McDade formula in syphilis, to which Dr. J. Marion Sims has added the weight of his great name, is no more nor less than our compound syrup of stillingia, a vehicle used by eclectics these many years—used by us as a *vehicle* for other medicines, and not as a certain specific alone in syphilis. The McDade formula having been extolled beyond its true value is bound to disappoint. Dr. Glenn and Dr. Douglas report that the McDade treatment of syphilis is a complete failure. At the Medical Society of Tennessee the McDade formula was freely discussed, and not a single favorable opinion was expressed.

It is strongly suspicioned that Dr. Sims gave his endorsement through personal friendship to Dr. McDade, to bring his name into professional notice. Strange to say that not only McDade, but the compound syrup of stillingia, with but slight alteration, has received great notoriety. Now, after the flurry, let it settle back and take its level among the therapeutic agents. Y.

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### Notes on the National.

The veiled prophet "Jason Hopgood," whose true phiz is clearly seen beneath the gauze, essays to criticise, and wonders if the editor of the *AMERICAN MEDICAL JOURNAL* ever bore a sweet countenance.

To tell the truth, in our account of the National we felt inclined to bear down a little on the manner in which the National meeting was served in Cincinnati. The main officials of the Association certainly deserve great credit for carrying the meeting successfully over the breakers. President Younkin gave universal satisfaction, and Secretary Wilder bore the heat, noise and burthen of the day most heroically, though we thought we could see a constant wanting to swear or kick somebody. The general accommodations were certainly the meanest the National ever had, as one expressed it, "like a pandemonium, wretchedly bad and an incessant din." The Cincinnati folks are responsible for the confusion, and they ought to be silent in their criticisms of the "National Proceedings," for if these can be straightened out to readable form the work will be in honor of our secretary. It is possible that we were not in the best of humor, and we confess that some things were made to grate upon the sensitive parts of our nature. One man says he suffered "mentally, physically," and he "feared morally."

Jason says "that the conventionists liked the college halls so well that they voted to hold the session in that place." The facts were that anything was better than the previous halls, and when the convention moved once by their own force they felt ashamed to move the second time. But I suppose we ought to take the will for the deed. Our Cincinnati folks had thought we were not well raised, and that crackers and cheese were our ordinary fare. Still we were not disposed to drink the wine that soured on their hands. We are too well acquainted with our folks over there to believe that they are no better judges of wine, or that they wash down their dinners with that kind of drink. They prefer the genuine Bourbon when alone, but of course that was too costly for the whole family.

Allow us here to quote the words of a correspondent: "It is pretty plain that our Cincinnati friends have little sagacity, forethought, judgment, or discretion. Away from their own intrenchments they cannot plan a battle or fight to advantage." We don't think they can do it at home. All in all, we rather like them, with all their faults. They are jolly fellows, and can appreciate a joke.

But Jason Hopgood's reference to opening public meetings with some kind of a religious service shows bad taste at least. While no real good may come from such formal opening, it is an evidence of respect due the christian religion, and we think, as it costs but little, that the custom ought to be kept up.

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**The Fifth Annual Report of the State Board of Health of Illinois.**

The Fifth Annual Report of the State Board of Health of Illinois is upon our table. It is a work of nearly 700 pages, and gives some very interesting items in regard to sanitation, the status of physicians and standing of the various medical colleges. In all, since the organization of this Board of Health, there have been 7,034 certificates issued to physicians throughout the State, besides midwives 732. One hundred and forty-three cases during the year have been rejected on account of possessing diplomas from colleges not recognized as in good standing; unsatisfactory professional antecedents, habits or associations; dishonorable conduct; unprofessional and dishonorable practice.

The following medical institutions are not recognized by the Illinois State Board: American Eclectic Medical College, Cincinnati, Ohio; American Health College, Cincinnati, Ohio; American University, Philadelphia, Pa.; Bellevue Medical College of Massachusetts, Boston, Mass.; College of Physicians and Surgeons, Buffalo, N. Y.; College of Physicians and Surgeons, Milwaukee, Wis.; Eclectic Medical College of Pa.; Edinburg University, Chicago, St. Louis and elsewhere; Excelsior Medical, Boston, Mass.; First Medical College of the American Health Society, Boston, Mass.; Hygeo-Therapeutic College, Bergen Heights, N. J.; Hygeo-Therapeutic College, New York City; Joplin Medical College, Joplin, Mo.; Livingston University, N. J.; Medical Dept. of American University, of Boston, Mass.; New England University of Arts and Sciences, Boston, Mass.; New England University of Arts and Sciences, Manchester, N. H.; Penn. Medical University, Philadelphia, Pa.; Philadelphia University of Medicine and Surgery, Philadelphia, Pa.; Physio-Eclectic Medical College, Cincinnati, Ohio; Physio-Medical, Cincinnati, Ohio (late issue); St. Louis Eclectic Medical College, St. Louis, Mo.; (Field's, now ex-

inct); St. Louis Homeopathic Medical College, St. Louis, Mo.; United States Medical College, New York City.

We extract the following from pages 48 and 51: "The dean of this institution (Florida University) is the Rev. ———, A. M., M. D., LL. D., of Adrian, Mich., Atlanta, Ga., and Tallahassee, Fla., of whom it is remarked, in the official announcement of the college, that 'The members (of the faculty) all defer complacently to the views and expositions of the dean, who is an elderly and experienced physician, an author in medicine of extensive works on various branches, whose primary medical education was allopathic, but who has, for years, been entirely devoted to a reform in the healing art. \* \* \* \*

In Adrian the dean is a school teacher. In Atlanta he is advertised to occupy the chair of general and special pathology, and of medical jurisprudence in the Georgia Eclectic Medical College. In Tallahassee he is Professor Institutes of Medicine and Lectures Clinic.' "

Another peculiar sentence in connection with the College of American Medicine and Surgery, Atlanta, Ga.: "The janitor will meet all day trains from the first of October, and will have a badge on his hat."

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### The American Medical College.

The time is near at hand when students will be coming in, and we are glad to announce the fact that we are better prepared to accommodate and teach them at the American than ever before. If any of the readers of this journal have not received the Annual Announcement, we will take pleasure in sending it to all who apply. The prospects for a full class are promising.

Preliminary lectures will commence on Wednesday, October 1. Regular lectures will open on Monday, October 6th. On Tuesday and Wednesday, October 7th and 8th, the Eclectic Medical Society, of Missouri, will meet in the College Halls. As this will be fair week in St. Louis, it will be a good time for a large attendance of the State Society. See call on another page.

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### Personal Notes and Local News.

—*Blatta orientalis*, or common cockroach, is a popular remedy in Russia. By its use the quantity of urine is said to be

increased; albumen diminished; œdema and ascites disappear; the weight of the body diminishes; perspiration is increased; digestion not impaired; kidneys are not irritated. The dose employed is four and a half grains of the powdered insect. Unterberger has employed the drug with great success in scarlatinal albuminuria. Kochler used it in thirteen cases of dropsy of various origin. Its most interesting action is its power to cause a rapid disappearance of albumen from the urine.

—The last piece of artillery at the National this year was a Gunn fired. Not another piece was left hanging upon the battlements.

—Secretary Wilder remained West a month after the National meeting. He grew in avoirdupois and attributes the cause to Ohio buttermilk. We have heard it called by that name before, and by "Scotch Ale," and "Sauterne." But we insist that things shall be called by their right names. Is it good for gaunt infants?

—Jason Hopgood says that Dr. R. is "hopeful presidential timber." The timber is hard enough to last for many years, and hence we lay the stick by for a while.

—A project of erecting a cremation-pyre at or near St. Louis is now being considered by some. We offer our objections to the heathenish practice of burning the dead; one of our objections is that by destroying traces of poison and internal injury crime would be encouraged.

—Dr. Koch is making great reputation, and getting a great deal of free advertising. The question now is, what will the world receive by his investigations? Possibly while there is a straining at a vibio a camel may be swallowed.

—It is about time we hear the old saw, "Medicines that were specific for certain ailments last year will not do this year."

—The Associated Press reports of the National, this year, were quite meager. So also the local news reports. Why? Let the Committee of Arrangements answer.

—Greenwood Hall, the place selected for the National meeting, was hot, dark and noisy. It was selected in cold weather. Moral—Select a place next time when it is hot, or select a time at a place while it is cool.



*MISCELLANEOUS PARAGRAPHS.*

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**The Mad Stone.**

In 1789, Dr. Percival suggested the application of fresh gastric juice, or the saliva of a healthy young person, obtained by chewing rennet, to the bite of a mad dog, after the wound had been thoroughly washed in the manner recommended by Dr. Haygarth. He also gave an interesting account, taken from Abbé Grosier's "Description of the Chinese," of a species of porous stone, used in "Tang-King," and called a "Serpent-stone." This stone was applied to the wounds of serpents and mad dogs, whereupon it adhered, drew to itself the virus, dropped off, and the patient was saved. This stone, after washing in lime water, could be used over and over again. This is the earliest allusion to the so-called "mad-stone" which I have found.

The next reference to the "mad-stone" which I have found is contained in an unpublished letter to Dr. Rush from a Mr. Samuel Davis, of Petersburg, Virginia, dated Oct. 2, 1801. In this the writer endeavors to avert the hydrophobia from a son who had been bitten by a suspected dog. The boy, after some domestic applications, was, by the advice of a physician, cauterized and blistered almost to the bone of his arm. He was then almost wild, and was taken to a person reputed to have a "mad-stone." With the performance of this stone the father was not satisfied, because, contrary to his expectation, and the popular belief about such stones, he could see no evidence of the poison boiling out of it after its removal. He therefore took his son to a second person owning a "mad-stone." The application of this he graphically describes, and his seeing, after it had remained on for periods of twelve hours and was taken off and put into water, some bubbles arise from one corner of it, which the owner of the stone told him was the poison coming out. An investigation of the history of this stone—for which the owner said he had refused an offer of 300 guineas—revealed the fact that it had been given by a stranger who had been hospitably cared for when sick. It was wrapped in a piece of paper dated Charleston, South Carolina, 1740, and having printed on it the

following: "Francis Torres, a native of France, is in possession of a chymical preparation, called a Chinese snake stone, which will extract the poison of the bite of snakes, spiders, and of a mad dog, and will cure cancers, which are sold at half a guinea for the small and a guinea for the large ones."\*—*Journal Am. Med. Association.*

### **The Eclectic Medical Society of Missouri.**

The Sixteenth Session of this Society will take place in the college halls of the American Medical College, St. Louis, on the 7th and 8th of October, 1884. The Society will be called to order at 10 A. M. Tuesday, October 7th, and will continue through to Wednesday evening, October 8th.

It will be to the interest of every member of this Society to be present and participate in the discussions and interchanges of thought. Every reputable eclectic physician of the State is most earnestly solicited to be present and to join the Association.

The day is at hand when it becomes a matter of necessity to the welfare of every one to be firmly united with the State and local organizations.

It is expected that every member without special appointment will come prepared with speech, essay, and zeal to do his part in the promotion of the cause—the healing art. Each one has something of special interest and we want your contribution. Come, then, and come prepared to do and to enjoy. Don't forget the time and place.

The occasion is a propitious one. Everybody will be in St. Louis at that time. Our fair week, exposition, and the beginning of lectures at the American Medical College. The following motion was made at our last meeting: "*Moved*, That we adjourn to meet at the call of the President, at St. Louis, Mo., on or about the first of October, 1884; said meeting to be at or about the time of the St. Louis Exposition."

R. S. GALBREATH,

Rec. Sec.

M. M. HUDDLESTON,

President.

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\*For this interesting story I am indebted to the kindly interest of Dr. Samuel Lewis, President of the College of Physicians of Philadelphia, who secured for me access to the rich collection of unpublished correspondence of Dr. Rush, which is preserved in the Ridgway Branch of the Philadelphia Library.

**Tongaline.**

Frank O. Young, M. D., of Lexington, Ky., states: "Have used Tongaline in many cases of neuralgia and rheumatism, and in every instance it has acted like a charm. It certainly seemed almost a specific for that class of diseases."

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**Electro-Medical Apparatus.**

The use of electricity as a remedial agent is becoming more and more popular among scientific physicians, many of whom, however, are imposed upon by the cheap, inferior articles they purchase, and seek to cure diseases without benefit to the patients and with discouragement to themselves. Had they purchased from the first a good article, such as the apparatus made by the Jerome Kidder Company, they would have obtained better results. The machines of this company are especially constructed for medical purposes, and were awarded the highest premium at the American Institute in the fall of 1883, over three competitors. Considering the indorsements they have, we do not hesitate to recommend them.

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**Gallic Acid in Hemorrhage from the Urinary Organs. — By  
LIONEL S. BEALE, M. B., F. R. S., LONDON, ENGLAND.**

Of the styptics in ordinary use gallic acid, according to my experience, is one of the most potent in relieving hemorrhage from the urinary organs. The reputation of this remedy would, I think, soon be greater than it is if those who try it would give it in sufficiently large doses and persevere in its use for several days before replacing it by other astringents. As gallic acid probably acts according to the strength of its solution which bathes the bleeding tissue, it is necessary to ensure the introduction of a certain quantity into the blood by the frequent administration of successive doses. We must remember that gallic acid soon passes away from the blood, being carried off in the urine. It is, therefore, only by administering frequent doses that we can hope to compensate for this continual draining away of the remedy, and we must give it in quantity and often enough to more than compensate for what is removed with excrementitious matters.

The chronic bleeding from the surface of the mucous membrane of the pelvis of kidney, ureters, bladder, and urethra, and from villous growths, as well as in the very obstinate hemorrhage from the large fungous tumors of the kidney and bladder, I have found gallic acid most valuable in a large number of cases, and for some years past I have been led to depend upon it more and more. In that spongy condition of the prostate when the veins are large and the capillaries of the surface considerably dilated, and forming here and there little pouches like aneurismal dilations, hemorrhage is often not only very obstinate, but from time to time in such excessive quantity as to blanch and weaken the patient. The remedy should be given in frequent doses, day and night, until the bleeding is very decidedly reduced in degree, when it may be ordered once in six hours, or less frequently, being again increased in frequency if the patient ceases to improve or the hemorrhage again increases in severity.

Gallic acid seldom disagrees in any way. Some patients complain of its taste, but it is generally well borne by the stomach. It does not cause constipation, and even when the crystals are swallowed in a state of suspension in water or mucilage no inconvenience results, and the stomach is not disturbed by their presence. The glycerine of gallic acid is, however, the most pleasant form in which to prescribe the remedy. This contains one part of gallic acid in four. Forty minims will contain ten grains, and may be given in distilled water, peppermint, orange, or other water. But it is most essential that the patient should persist in taking the doses regularly for several days. Gallic acid is absorbed by the blood and passes away unchanged in the urine, and it is probable that it acts directly on the parts from which the bleeding is taking place, and therefore a certain strength of solution is necessary to get the good effects, and this can only be obtained by its persistent introduction into the stomach and so into the blood at short intervals of time. I have given gallic acid in ten-grain doses every three hours without intermission for three weeks, no objection having been made on the patient's part. Whether much larger doses would be absorbed I doubt, but I am not aware to what extent the remedy may be pushed, nor do I know in what respect very large doses

would be deleterious. On these points I should be glad to learn the experience of other practitioners who have largely employed the remedy. I have generally found that the desired effect has resulted after ten-grain doses had been kept up for three or four days, and in case where the bleeding did not actually cease, it was certainly well under control. In several of those painful cases of hemorrhage from fungus growth, the bleeding was much lessened and the fatal result, I think, postponed; in some of my cases I should say that death was due rather to exhaustion and weakening of the general health than to hemorrhage. I therefore commend this remedy in the cases of hemorrhage to which I have referred, and I prescribe it with confidence, so that its use may be steadily continued until beneficial action is clearly established.—*London Lancet.*

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*ORIGINAL COMMUNICATIONS.*

**ART. LVII.—Experience with Syphilitic Cases.**—BY PROF. E. YOUNKIN, M. D.

CASE I.—In 1878, a neighbor, the father of seven children, contracted a Hunterian chancre while his wife had gone on a visit East. He placed himself under the treatment of an allopathic physician, who gave him the usual mercurial course of treatment. During the progress of the primary stage, before the chancre and buboes had healed, the wife returned home, and to avoid suspicion the usual coitus was indulged in, the husband protecting himself with a silk handkerchief. The wife thought the procedure a strange one, but was reconciled through a desire to avoid pregnancy. The woman escaped infection, and no suspicions rested upon her brow for the period of nine months. In the usual time after the primary sore, the syphilide or eruption appeared over the body. The gentleman became disabled, weak and much emaciated, and the wife grew more and more concerned about her husband's "scrofula," as the doctor called it. Upon investigating the case for her own satisfaction, she gathered from a domestic work the fact that it was syphilis, and not scrofula, that troubled her husband. Upon pressing her convictions the husband thought best to "acknowledge the corn," and so made a "clean breast of it."

At this juncture a change of physicians was deemed necessary. As I was the party selected, I felt it my duty to restore, as best I could, the family equilibrium, as well as to cure my patient. The first I accomplished by advising deliberation and consideration, as well as convincing the wife that it was wrong, upon her part, to leave her husband so long without her own gentle embraces. Was I justified in this? or, should I have urged on disruption and cast this whole family asunder?

I found the man anæmic, sorely depressed in spirits, sitting on the stool of repentance, a mass of sores, especially on the lower extremities, and a secondary chancre on the prepuce. My first prescription, as near as I can remember: *R.* Solution iodide lime,\*  $\mathfrak{z}\text{iv}$ ; Hall's solution strychnia,  $\mathfrak{z}\text{ij}$ . *M. et S.* A teaspoonful to be taken four times a day. Under this treatment my patient soon began to look better, his appetite improved and the eruption soon disappeared.

As the glandular system became involved, and bowels constipated, the tongue coating, I changed to: *R.* *Fl. ext. berberis aquif.*,  $\mathfrak{z}\text{ss}$ ; *fl. ext. podophyllum*,  $\mathfrak{z}\text{j}$ ; *fl. ext. iris vers.*,  $\mathfrak{z}\text{ij}$ ; *kali iodidum*,  $\mathfrak{z}\text{ij}$ ; *syr. stillingia comp.*,  $\mathfrak{z}\text{v}$ . *M. et S.* A teaspoonful to be taken three times a day. When the patient's bowels became too active I would take out the podophyllum and iris. If the digestion became disturbed, take out the kali iodid., or perhaps put him on the former prescription. Occasionally I would use iodide of arsenic or Fowler's solution in combination.

In three months' treatment not a vestige of the disease was to be seen. Six months after, he suffered for a short time with iritis; that soon cleared up, and from that time to the present, four years, there is not a sign of the disease. A few months after the disappearance of the eruption the wife became pregnant, and suffered a miscarriage at the third month. Two and a half years after, she gave birth to a nicely developed child, and at the present instance the boy is three and a half years of age, fat and hale. "What will the harvest be?"

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\*This preparation of iodide lime is that of Billings, Clap & Co., formerly Nichols. It is not the officinal iodide of calcium.

**CASE II.**—A young man, unmarried, contracted a chancre of the Hunterian variety one year ago. He placed himself under the treatment of Dr. V. The primary sore healed in the usual length of time. At the expiration of nine months this young man was told by his physician there was no danger in getting married—of communicating the disease to his wife. Upon this advice the young man married a young lady noted for her beauty and excellence. One month after the marriage the newly married lady came to me, to consult me in regard to a swelling in the right groin. I observed that the enlargement was glandular, and that a degree of inflammation was present. In my astonishment I asked if she had no sore. She answered that she knew of none, but upon examination I discovered an ulcerating sclerosis in the posterior fourchette. "Is your husband sound?" Her answer was that she believed he was. "Now then," said I, "you go home and tell your husband that you are sore, and that you have a swelling in the groin, and see if you can get any clue to this."

The next day the husband came to my office and told me all about it—how it occurred, and how he had been deceived by the advice of his doctor. Ought doctors not be more careful?

The lady is now under treatment. She has the syphilide. She is taking: R. Solution iodide lime, ℥iv; liquor potassæ arsenitus, ℥j. M. et S. A teaspoonful to be taken four times a day. Her bubo yielded without suppuration under the influence of: R. Fl. ext. podophyllum, ℥j; potassæ iodidum, ℥ij; syr. stillingia comp., ℥iv. M. et S. A teaspoonful taken three times a day. The chancre was treated with pledgets of iodoform with cotton and a vaginal wash of boracic acid.

**CASE III.**—A man aged 30 years came to my clinic with a hard chancre. He was intoxicated at the time. I made an application of iodoform, told him he must quit drinking, and when he sobered up to come back and I would give him medicine. In a few days after he came into the clinic drunk, and looked as if he had not been sober for a long while. I refused to treat him under the circumstances, and sent him away. I saw this man frequently afterwards, about the parks and on the streets, and every time I saw him drunk. Finally he was broken out with



the syphilitic secondary; still he drank whenever he could get it, and strange to say that a man can get spirituous liquors when he can't get bread. This man took no medicine, but plenty of whiskey, beer, etc.

In the course of a year and a half he began to clear up in the eruptions, and to sober up. Now this man passes my door nearly every day, skin perfectly clear, sober, has joined the pledge. I presume, and is working down town every day.

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**ART. LVIII.—Medical Legislation.—BY ALEXANDER WILDER, M. D.**

THE AMERICAN MEDICAL JOURNAL for September contains, to my surprise and deep regret, several allusions to the United States Medical College and the attitude of the great majority of Eastern Eclectics (I may add, of all Eclectics) in regard to the medical statutes now foisted on the legislation of so many States.

It had been my purpose, as it is my general practice, to hold aloof from controversy inside our ranks. I never throw in fire-brands or begin quarrels. But if in these matters I hold my peace, the stones would cry out.

The United States Medical College does not deserve the language which you utter. I certainly had hoped that the unjustifiable and wicked action of the Illinois State Board, which the College did not deserve, would be all the stone hurled at it in the West.

The destruction of the College was due to no cause which you indicate. On those questions the Professors and Trustees differed in opinion, as men do and lawfully may. To destroy that College was a part of the old-school conspiracy; and it was in no sense from any fault. The Professors of the Eclectic College for a time played into the hands of the adversary; but presently the game became simple enough, and so proceedings were instituted against that institution likewise. I was assured, three days ago, that the Judge had been secured, and the College would be closed in October.

There has been no collision or difference of judgment between the United States Medical College and the people of New York.

Every time the Legislature has spoken, it always was in favor of the College. But Judges have not scrupled to set aside, or construe away, the very statutes enacted for its benefit. There is now no law in New York favoring an Eclectic which will be carried out.

The New York or King's County medical societies raised several thousand dollars on purpose to use it in order to crush the United States College. The curriculum of the College was superior to that of any Eclectic institution, and it was lived up to, as few Faculties do. We went by the Harvard Rules.

Neither you nor Prof. Younkin fairly represent matters or beliefs as they exist in the East. There has been no controversy between the College (or the Eclectics anywhere) and the people. Indeed, the people have never asked or desired a medical statute. The conspiracy to foist such statutes on the legislation of the States was hatched out by the old-school doctors. The purpose evidently is to thin the ranks of Eclectics, so that there will be more forage for their own men. And wherever they are able, the machine is so worked and the purpose avowed.

So far from opposing the statutes, the entire study of the managers of the College was to ascertain and obey them. There was never any attempt at evasion. We could not find a law which a Judge would recognize, or the Board of Regents of the University obey, if it but favored us. This is very serious, but it is true.

An Eclectic in New York is virtually a man without a country.

"If Eclectics are as well educated as other physicians, can they not pass any examination that others can?"

And what if they do? *They will be rejected all the same.*

The statutes of New York entitle the Eclectic State Society to a Board of Examiners for the University degree of M. D. But the Board of Regents of the University utterly refuse to make the appointments. The Eclectic thus has no rights which Regents feel bound to respect.

It is because we have been too silent and passive that these evils have come upon us. Two men told the truth at Cincinnati when we met there in June—John V. Lewis and John King.

There is not an Eclectic in America that can pass an old-

school Examining Board if they make them. Green, Howe, Clark, Merrell, Thorpe, would fail utterly. Even the graduates of old-school colleges would be rejected. It has been always so!

It is not true that R. V. Pierce was engaged to defend the U. S. Medical College before the Legislature, or that he did so. There was no occasion for his services. Yet why not have him? A good statesman employs every man where he can be most useful. Doctor Pierce has served in the Senate and in Congress. His character and reputation there are unblemished. He never sold his vote or coquetted with the lobby. He lives in Buffalo, where he has been twice elected to high office—once directly after the other—a recommendation which now in certain quarters is ample in lieu of all other merits.

But the enemy employed a lawyer to fight us in the Legislature, before the Governor and the Courts. Was not that as mean as to have R. V. Pierce for a friend, whose only sins are ethical and not moral?

You find fault because certain of us in New York and Cincinnati are opposed to the statutes which are now foisted on us, and because we believe them unconstitutional. These men of whom you complain first advocated the Reformed Practice, when every man did so under the shadow of the jail. The history of medical legislation in America has no parallel except in the history of the Spanish Inquisition. We want to leave no such legacy of barbarism to the generation that is to succeed us. If we had not opposed these statutes, and labored for their repeal, you would never have been professor in an Eclectic college, or editor of an Eclectic medical journal. Do not now kick the ladder by which you have ascended, nor malign the men by means of whose labor you thrive.

The medical statutes which these modern times have spawned are not very wide in purpose or diction from those under which the fathers were imprisoned. West Virginia, Alabama, Mississippi, Texas, aye and New Hampshire, afford abundant evidence of what we are coming to.

When the Eclectic college in New York shall be closed, no graduate of any Eclectic college outside the State will be permitted to practice medicine in the State.

To me personally the matter counts but little. I have not desired place in a medical college, nor offered myself for membership in a medical society. I can afford to be mustered out. But I have sought to adhere to principle. Any policy in our ranks that waives the absolute right at the bottom will end in our ruin.

I differ from Professor Younkin. Laws are not the basis of civil society, but society is the basis of laws. It is justice which underlies all law; and a statute that contravenes justice is not law. The source of right and of civil society is not the fecal pumpings up of a legislative lobby. The medical statutes now forced on our attention have no higher, holier source. I obey them as I obey the highwayman and the pirate.

Let me commend to you this utterance of Thomas H. Huxley:

"A large number of people seem to be of the opinion that the State is bound to take care of the general public, and see that it is protected against incompetent persons and quacks. I do not take this view. I think it is much more wholesome for the public to take care of itself, in this as in other matters."

Newark, Sept. 1, 1884.

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**ART. LIX.—Spontaneous Combustion, Strange Sequel, etc.—**

By R. A. BATHURST, M. D., EVERETT, CASS Co., Mo.

Having read the article on Spontaneous Combustion in the Sept. number of *THE AMERICAN MEDICAL JOURNAL*, by W. H. Carter, M. D., I acknowledge myself as being somewhat skeptical on the subject; and I anticipated that the fleecing doctor that Bro. Carter referred to, or some one else of like criticising character, would come to the surface, and in an explosion show conclusively the absurdity of spontaneous combustion. But I must candidly confess that I am now thoroughly converted, and am no longer a skeptic, but soundly orthodox in the doctrine of spontaneous combustion.

On Sunday, Aug. 31st, between the hours of twelve and one o'clock, a messenger came after me in great haste, stating that Mrs. H. had been seriously burnt. I was there in five minutes' time after the accident happened. The lady had been singeing a chicken over blazing paper, when some of the paper unob-

served by her fell down in front of her, and, she having but light under-clothing and a thin calico dress on at the time, her clothing caught fire and was quickly enveloped in flames, and before the blaze could be extinguished her hips and entire abdomen were severely burnt. I saturated cotton batting in linseed oil, and completely covered the burnt surface. The dressing was completed between one and two o'clock P. M. At about ten o'clock that night the patient complained of her bed being on fire. On examination there was smoke to be seen, heat to be felt, a large wad of cotton batting was found on fire, and the bed-tick, sheet and quilt were scorched. The wad, after the fire was supposed to be out, was put in a basin with some other cotton batting that had been about the patient and had been saturated with linseed oil—and the basin was placed in an entry or passage-way. On the next day after the accident occurred, at four o'clock in the afternoon, on calling to see the lady, I first stepped into the sitting-room. The room seemed to be filled with the smell of smoke, as though it came from cotton. On inquiry, the nurse and those present said that the smell was caused by the oil that had been spilled on the floor, and which they were trying to rub off. I passed into the room where the patient lay, which was adjoining the sitting-room, and examined the dressing, the bed-clothes, etc., of the patient, but could find no fire, when some one chanced to go into the entry where was placed the basin containing the cotton batting that had been used as dressing on the patient, and taken off the night before—and the batting was smoking and actually on fire.

At ten o'clock that same night I called again, when I found a couple of lady nurses and the husband of the patient greatly excited. They informed me that fire had been discovered in a closet into which some of the clothing taken from the lady, with cloths and cotton, had been thrown twenty-four hours before. They conducted me to the closet and showed me its contents. There was evidently evidence of recent fire—cotton and rags burnt to a cinder—and it was apparent that they had just used copious water to put out the fire.

The question now comes up: How is all this to be accounted for? We may probably account for the heat and the fire on the

bed of the patient; that may have been caused by the escape of the caloric from the burned surface, and its coming in contact with the oiled dressing and external gases. But what of the fire in the basin and closet, among the cotton batting and the clothing? there being no possibility of their catching from fire used in the house—the lamps for lighting the rooms and a cooking stove in a distant room. were all the fire known to be in the building.

O, ye wise and scientific leaders! come forward and explain. Had the cause of the succeeding fires originated when the clothing and dressing were on the patient and about her bed, and lay dormant until, perchance, the external air came in contact? or are their other causes that would produce the effect? I do not propose to account for the above, but the facts contained therein I am ready at any time to vouch for.

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**ART. LX.—Medical Legislation.—By S. B. MUNN, M. D.**

We are friends, and I have no doubt shall remain so as long as our sun continues to shine; and I have no doubt you will permit me (in view of what appeared in your last issue) to say what I know about medical legislation.

Perhaps the old-school doctors in Illinois and Missouri are immaculate, but the contrary is probable, judging from your own statements in the same number of JOURNAL, page 420. You say: "Let any reader of the AMERICAN MEDICAL JOURNAL examine it from month to month, and he will find extracts and quotations from all sources, no matter about the school, and where a good thing has been done the editor makes a note of it, credits the author, and never has any fears about the bad results. In this way operations and practices of various kinds are heralded by this journal, without a single thought about who is going to gain the most from it. Now turn to the so-called regular journals of this country, and search them from century to century, and how often do we find a quotation from an Eclectic journal in them? Why is this? Is it because there never happens to be anything in Eclectic periodicals worth republishing? Nobody can say this, for there is no truth in the statement. A few cases of convulsions were carefully treated by hypodermic injections of gelse-

mium, and they were reported by the editor of this journal and Prof. Younkin. They were important cases, but how many Allopathic journals reprint these items? We have not seen them referred to even. Some time ago Prof. Younkin removed a spleen from a woman in Texas, and a detailed history, and the successful termination of this master operation was published in the *AMERICAN MEDICAL JOURNAL*, which reaches about one hundred and fifty journals in exchange, and if any Allopathic journal has ever hinted at the case we have not seen it. Was not this an important case?"

They have never given us credit for anything, though they have stolen many things from us, and generally when they appear to be very friendly they are governed by the same principle that characterizes a weasel in getting under the wing of a sleeping hen to suck out her blood, and leave the hen "to wake up in the morning and find herself dead." The liberality of the new code men is manifest in their willingness to be called in consultation by us, for the purpose of advertising and giving them an opportunity to steal our patients, though they are scrupulously careful not to return the compliment.

The history of medical legislation in the State of Connecticut is certainly not an honorable record for the self-styled regulars. Every effort has been made on their part to hedge in themselves and shut out others from lucrative business. Fairness, justice and equality have never been thought of by them so far as we have had opportunity to judge them by their works. Every effort that has been made in behalf of reformed medicine has been strenuously opposed by them. They have not always scrupled at actual and malignant persecution. A reference to my own State (Connecticut) may illustrate the history of the medical legislation. Previous to A. D. 1800 no one was permitted to practice medicine except Allopathists. About that time, I think, the law was so modified as to allow the people to employ whom they chose, but only old-school practitioners were authorized to collect fees. I find on the Revised Statutes, 1838, the same law still existing, prohibiting the right of physicians to collect fees that were not members of the Connecticut Medical Society. In 1842 Chauncey F. Cleveland was elected governor,

and acted in concert with the friends of reformed medicine. They succeeded in getting the law repealed. In 1855 the Eclectics applied for a charter for their State organization, and succeeded. The Connecticut Eclectic Medical Association was then incorporated, since which time it has maintained a respectable existence.

A law existed in Texas making it an offence punishable by a fine of from fifty to five hundred dollars for any one to practice medicine without a certificate from a Board of Medical Examiners, composed of graduates of some medical college recognized by the American Medical Association. This of course was so framed on purpose to exclude all but the Allopathists. The people of Texas by a constitutional amendment put a stop to the little game. Their constitution prohibits exclusive legislation and declares freedom for all schools.

Right here let me ask: Who have been the friends of liberty, and who its enemies? Where would we, as a society, have been to-day, or the Homeopaths, could the old school have had its way?

In 1866 the Homeopaths and Eclectics appointed a joint committee to petition the Legislature for certain rights in the State Hospital, which petition is found in the minority report of the Committee on Humane Institutions. The petitioners tried to embody their points in amendments to the charter of the General Hospital Society of Connecticut, asking, first, for representation in the directorship and ex-officio membership of the society; then, second, that patients should be permitted to choose the incorporated school of medicine by which to be treated, the physician nominated by that school to attend the patient gratuitously and be responsible for the case. They did not desire to interfere with the present system of treatment, or with patients desiring treatment by the old school, or with the present management, further than to secure to their patients privileges equal to those of the old school. They asked that only a few vacant rooms in the hospital be assigned to the patients desiring treatment according to their system. These changes they claimed as a matter of substantial right, in the interest of economy and in the interest of sound learning and advancing medical science. A



minority of the committee favored the petition. The majority report did not attempt to controvert the statements of the petitioners, but rather appeared to wish not to discuss them, and gave in substance as a reason for the adverse report that "it would violate the charters of the hospitals for the State to dictate to them by whom and in what way their internal affairs should be conducted; and that the attempt to bring together in them the conflicting views and practice of rival medical schools and denominations would produce endless confusion and strife, and the ruin of the hospitals." As a sort of a salve, probably, or to make a diversion which would favor their own interests, they proposed the following resolution:

*"Resolved,* That the sum of ten thousand dollars be and is hereby appropriated from the treasury of this State for the support and maintenance of a State Hospital, to be hereafter founded by the Connecticut Homeopathic Medical Society and the Connecticut Eclectic Medical Association; provided, that said hospital shall be at all times open to the practice of physicians of whatever school of practice the patients therein may desire."

In 1838 a law was smuggled through the Legislature appointing a State Board of Health in which neither Eclectic nor Homeopath is admitted (though it does not control the practice of medicine in the State). Every bill that has been proposed, with one exception, if enacted, would have in time killed out all but their own school, and that one provided for equal representation of the three schools on the Board of Examiners, and was opposed by them. A more ignorant set of men cannot be found in any profession than can be found in the old school of medicine, and yet, when a medical law goes into effect they are all taken in as they are, while an Eclectic coming into the State where such a law exists, though a graduate from any of our colleges, must humiliate himself by asking his enemies to let him practice, and in the State of New York will find it very difficult to get a license by asking for it. Does any fair-minded man call this justice, and must I thus prostitute my manhood in order not to be called "medically licentious?" Every town and city, so far as I know, has

its board of health, and should have, and they are sufficient for all practical purposes. But I believe State boards are unnecessary, unless it be for the purpose of protecting the old school in monopoly, and shielding many in quackery, besides the appropriation of thousands of dollars of the people's money, to be used at the discretion of such boards.

When we consult the interests of the people, and show them that their interests are our interests, that we study by all means to cure them of their ills, and succeed better than renegades, there will be little trouble from medical tramps. The old school say that legislation is needed to protect the good people. Have the good people ever asked for such protection? The doctors appear to connive with the druggists and make no opposition to the flood of proprietary nostrums that afflict everybody. Is that consistency? They mean protection for themselves, and the devil can have the rest.

P. S. In 1881 the Legislature of our State made a law demanding a license of \$20 per day of all itinerant doctors, said license to be obtained from the Selectmen of the town where they wished to practice, and to pay a fine of \$25 for each day's violation of the law. It has effectually kept out medical tramps so far. I see no necessity for any other medical law in our State.

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**ART. LXI.—An Important Case.—By F. M. COOPER, M. D.**

Oct. 6, '83, was called to see Mr. V., age 22, robust and in excellent health, who had just returned home and was suffering great pain from a burn in the leg by gasoline, which extended entirely around the limb and from ankle to knee, and charred to the depth of a quarter of an inch. except on the anterior portion. The injury was received about ten days previous, and was first treated with a coat of white lead. Later, that was partially removed, and a dressing of oakum and oil used and allowed to remain until I saw the case, ten days later. I found the baked tissue intact, forming an unbroken case around the leg. Under this, Nature was vigorously at work in her suppurative stage, trying to cast off the offending material. The urgent demands for relief from pain called for an anodyne. As morphia was the only thing at hand, gave half a grain, and then secured my

instruments and attempted the removal of the burnt tissue. On account of the great sensitiveness and increasing pain was compelled to stop. Ordered a flaxseed poultice with lobelia to envelop the leg, and gave a hypodermic solution of morphia (half a grain) one and a half hours after the first dose. Then ordered, for the night:  $\mathcal{R}$  Chloral hyd.,  $\mathfrak{z}$ ij; pot. bro.,  $\mathfrak{z}$ ij; aqua mentha p.,  $\mathfrak{z}$ ij. M. S. Teaspoonful every half hour or hour to produce quiet.

Oct. 7th, 8 A. M. No sleep; pain still increasing. Ordered:  $\mathcal{R}$  Hyoscyamin, gr. x; sac. lac., gr. x. M. ft. charts No. x. Sig. One every two hours. This remedy modified the pain for about thirty-six hours and then became powerless.

9th, 4 P. M. With the assistance of Dr. Douglass, partial anesthesia was induced, and the debris removed with some considerable dissecting. Dressed the ulcer with ung. plumbi. comp., cosmoline,  $\mathfrak{a}\mathfrak{a}$ .

10th. Was summoned at 4 A. M. to relieve the distracting pain.

12th. The young man has rested but momentarily, though morphia, hyoscyamin, opium, chlo. hyd., pot. bro., piscid. er., hydrochlorate ammon., as well as other remedies, including the various hot and cold applications, and all in a most thorough and systematic manner, have been administered—all to no purpose. Our head was scratched, our nose pulled to an obtuse angle, and some real thoughts indulged in with a view of finding something to relieve our great sufferer. There was frightful evidence that something serious was near at hand, and something must be done, and that at once. A strange doctor in a new field, with about his first case, could not control pain—had already been talked of by many of the friends.

14th. The messenger came again, with "the boy is getting worse, and they want you to come up and quiet him somehow. Do you think you can?" Rising, I bade him go tell them that I would soon be there and relieve the boy. An intuitive thought came that electricity was the remedy. So taking a Kidder Hydrostatic Tip, I was soon at work with it. An A. D. current induced—cathode below ulcer, anode above knee, and along posterior thigh and up to dorsal vertebra for twenty minutes, when

he began to experience considerable relief—so much so that during the night and up to nine o'clock the next day he slept about five hours. No anodyne was necessary, and one more current of a like nature and length entirely relieved him, so that no more call for it or medicine was made. However, the great surface of the ulcer failed to heal, or at least began to show evidence of much disturbance, so that skin grafting was resorted to. Eleven pieces from the corresponding limb of his sister, and his left fore-arm, were placed upon the ulcer, and bound on by an old piece of cotton cloth well saturated with mutton tallow. In twenty-four hours all were well rooted, and a good growth showing. Three days later I transplanted sixteen pieces more, and treated in a like manner, all of which grew well; and in fourteen days a new skin had formed over the entire gap, except three places on the posterior surface, about the size of a quarter-dollar each, and slightly raised. These were touched with a full strength solution of carbolic acid, and soon healed.

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**ART. LXII.—Foreign Bodies in the Eye.**—BY O. A. PALMER,  
M. D., ST. LOUIS, MO.

The eye will sometimes tolerate the presence of a foreign body for some length of time without dangerous inflammation being produced. I have seen two cases during the last year that are of interest. Mr. B., while running through his orchard, was struck by a small dead limb on the outer portion of his left eye. The eye was immediately examined by a companion, who stated that nothing could be seen, except that the eyeball looked red where it was injured. Within twenty-four hours the eye became a little inflamed and painful, but local applications of cold water and aconite soon relieved the inflamed and painful conditions. As the vision of the eye was somewhat impaired, he thought it best to see an oculist. An ophthalmoscopic examination revealed the fact that a small portion of the limb had passed through the coats of the eye, and lodged in the lower outer portion of the vitreous. The vitreous was steamy for some distance around the foreign substance. For three months this patient has carried a small piece of an apple-tree limb in his eye without any serious symptoms appearing. He was warned of the danger that was probably not far in the future.

The second case was a laborer in a machine shop. During his work a small piece of steel hit his left eye, near the insertion of the rectus muscle, and passed through the coats of the eye and imbedded itself in the retina, choroid and sclerotic of the opposite side. In a few hours the eye became inflamed, but yielded readily to treatment in three or four days. With the ophthalmoscope, or by oblique illumination, the fragment of steel can plainly be seen. This patient says the injured eye is not as strong as the other; still, it does not trouble him. For nearly fifteen weeks he has been very comfortable with a small piece of steel in his eye.

Cases like the above are not often seen. A foreign body in the eye is pretty certain to provoke destructive inflammation in the injured eye, if not in both, immediately after the injury.

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**ART. LXIII.—Medical Legislation.—**By GEO. C. FITZER, M. D.

The subject of medical legislation is still before us. From the papers furnished by Drs. Wilder and Munn it will be seen that differences of opinion are held by different men. This is not strange, and things would be quite monotonous if all were alike. But difference of opinion need not gender ill feelings, and we are quite sure it does not do so in this case.

Nobody deplors the condition of things in the East, especially in Philadelphia and New York, more than we do, and we earnestly wish it were different. We certainly think favorable changes can be brought about very soon—know they can if the competent men in Pennsylvania and New York will only work together in the right way. New York had a bad start, for which the men who now occupy the field are not wholly responsible. The principal trouble now is they cannot agree upon any straightforward course of action. They are poorly organized, and the majority seem to be against *all medical legislation*; a few only are in favor of it, and nobody apparently does very much to establish anything more than a personal reputation.

Dr. Wilder thinks we did the U. S. Medical College injustice in our allusions to it. He also says it is not true that Dr. R. V. Pierce was engaged to defend the U. S. Medical College. He further states that we find fault because Cincinnati and New

York are opposed to certain statutes which are now foisted upon them.

Now, Dr. Wilder misunderstands us. We meant no harm to the U. S. Medical College, and had it been running and expecting and looking for patronage, we should not have mentioned it; but as it had gone out of existence, and nobody could accuse us of trying to detract from another institution, we thought it no harm to refer to it as an example of failure for want of unity in action and a judicious policy. We did not say that Dr. R. V. Pierce was engaged to defend the U. S. Medical College, particularly, but that his aid was appropriated and his efforts and influence appreciated by the New York men is very plain. Indeed, we may infer as much from what Dr. Wilder says in his present paper. And then when we turn to the *Medical Tribune*, of March, 1884, the organ of the U. S. Medical College, we find the leading article by Ray V. Pierce, M. D.: An argument before the joint committees of Senate and Assembly, at Albany, N. Y., February 6, 1884, against certain measures thought to be prejudicial to the Eclectic school of medicine in New York.

Now, while we are ready to admit that the very measures referred to were mean and selfish in the extreme, and calculated to do our cause great injustice, we differ with Dr. Wilder, and think it was a mistake to defeat them with a man whose ethical standing is that of Dr. R. V. Pierce. And the publication of his effort in the *Medical Tribune* was a mistake also. Personally, we have nothing against Dr. Pierce, and the *Tribune* may praise him and give him space as it likes; and we concede that the New York men may do all this upon principle, and feel that they are doing what is right. From a moral standpoint, perhaps no exceptions could be taken, but we should remember that the opposition looks upon Dr. R. V. Pierce as a vile Tartar, and that if we stand him up before them and our assemblies to plead our cause—no matter how good he may preach, and he is a giant in his way—the result will be our funeral instead of equal rights and justice. True, he may gain a certain point, or defeat a particular measure at a certain time, which may appear like success, but the effort will finally prove to be suicidal. No matter how clever and experienced a man may be, or how good

he may be, from a moral stand-point, if he utterly ignores the established ethics of this country, Eclectic as well as all others, and engages in advertising of a promiscuous and general character, he cannot help the cause of Eclectics by any public effort he may make, or by any essays he may write. He may be a good, honest man, and we shall not deny him the right to advertise as much as he pleases, so he adheres to truth, but he must not expect to do this and work in harmony with the National Eclectic Medical Association, or reputable medical colleges. While these associations and connections could not hurt him, his presence and influence would be prejudicial to them in the extreme.

In this connection we would remind Dr. Wilder that some years ago one Dr. Filkins was in the legislature of New York, as a regular member, or lobbyist, we are not certain which, but he was put forward and represented the cause of Eclecticism in New York. Dr. Filkins was one of the no-law-men, indulged in free hand-bill advertising, and was finally expelled from the National Association. He, too, was a man who did the cause in New York great harm, and yet some of the college men held on to him to the last. This was a mistake, for legislatures know that water never rises above its fountain, and they naturally measure the Eclectic school of medicine by the men who represent it.

Now, we think that the present condition of things in the East is indirectly, at least, attributable to the very causes we refer to. Dr. Wilder is not willing to admit this, but the results are nothing more than we might expect from any place where no harmony prevails, organization is imperfect, and an unwise policy is pursued. It is not satisfactory to say nobody is at fault, and that it is all the result of a wicked prejudice. Who can be more supremely hated by the New York medical profession than the Homœopaths, and yet they thrive in New York! Why have they not been squelched and their colleges torn down? Because they have been well organized, have pursued wise policies, and have been represented by respectable men. Eclectics in New York have just as good men as the Homœopaths, and if Profs. Wilder, House, Hawley and a few others would only organize them with care, scrupulously avoiding men of disre-

pute, we could soon be well established in New York with a thriving, first class Eclectic Medical College. We need all this, and we heartily wish something may turn up to bring about these desired results.

In Pennsylvania a good Eclectic Medical College is badly needed, and we have the material there to build it up—plenty of it. But it requires sacrifice and hard work, and such men as Piper, Beam, Yeagley, and their stamp, who are well qualified for such work, do not care to engage in such an undertaking.

Regarding the matter of finding fault with Cincinnati and New York because they are opposed to certain statutes foisted upon them, Dr. Wilder is again in error. While we are in favor of judicious medical legislation, we bitterly oppose all legislation that bears the appearance of prejudice towards anybody. And we know too well how the opposition takes every advantage possible to embarrass us, and how they exclude us whenever they can. We have gone through it all. The only question seems to be, how can we best protect ourselves and the Eclectic cause, and certainly secure and enjoy our rights in State, county and town. We cannot do it by opposing *all* medical legislation. First, because our opposition would meet with defeat, and when once beaten no mercy could be expected. But if we were to succeed in abolishing all medical laws we should be in a worse condition than now. Traveling quacks and unprincipled swindlers would flood the country under the garb of doctors, and very soon the medical profession would be dragged down on a level with the "bucket shops." In this case the misfortune to us would be, the majority of these public leechers would claim to be Eclectic doctors, just to be therapeutically popular, as has been the case for many years past. With this state of affairs no distinctions could be made, and the honest, deserving doctor would have to compete with the veriest quack. He might be well qualified to serve his patrons, but his modesty prevents him from urging his services, and he never imposes himself upon anybody. A traveling doctor comes along, announces that he can do this, and he can do that, and the people flock to him. He talks well and impresses his audience favorably, obtains patronage and money, and then



exultantly walks off with his pocket full of cash. The people soon find out and come to realize that in the majority of cases, while their family physician was standing about witnessing humbuggery practiced upon them, he could have served them much better. But he has to depend upon urgent cases and night calls, and wait till after harvest for his pay. In cities it is worse than in the country. Hundreds of men live upon the credulities of the people, while they give but little in return for what they get of their patients. We want these people protected, and we want to give them honest service for their hard-earned money.

But we are told that the people do not want protection; that they have never asked for medical legislation. This may be true in some instances; but no matter whether the people ask for it or not, it is better for them, and far better for the medical profession, to have laws that will protect the people against humbuggery, as far as possible, and protect the honest practitioner of medicine in his legitimate business. We need laws to run quacks and professional tramps out of the country, and finally force them to quit dishonest practices. Boards of Health in the West are doing this, and we take pleasure in heartily sustaining them.

The only thing left for us, then, is to labor and lecture for laws that will mete out justice to all. This we can do, and we can succeed in obtaining our rights everywhere, if we only pursue the proper course, as already indicated—build up strong organizations, and forever keep aloof from such general advertising men as Pierce, Filkins, Fishblatt and Hole. We do not find fault with anybody for opposing unjust laws, for when it was attempted to create a State Board of Health in Missouri, some years ago, which, evidently, would have worked prejudicially to Eclectics, we opposed the measure, and defeated the act. But when a proper bill was framed, recognizing all chartered medical schools, we favored the act, worked in harmony with the measure, and now realize that we were right. But it requires work, and judicious, harmonious work, to secure and protect our rights where the odds is so great and the prejudice so strong. By upright behavior, however, and conservative ethical practice, we can overcome the prejudices of many of the

strongest and best men in the opposing ranks, and force recognition; and through strong organizations we can command the respect and gain the audience of public bodies, and finally secure what we really deserve.

We are greatly in earnest about the matter of thorough organization. The moment we let our organizations go down we are gone. We sent out a circular some months ago, warning our men everywhere against the danger of no State and county organizations, and how the opposition was banded together in many places to oppose us, urging political measures in different States calculated to embarrass us, etc. *We must sustain our organizations*, and work in harmony with each other, and then we need not fear medical legislation.

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### ABSTRACTS.

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**Infant Digestion.**—BY HORATIO R. BIGELOW, M. D., WASHINGTON. D. C.

The question of infant growth is one of assimilation. Assimilation of food will depend upon the integrity of the digestive function. The digestive system of the new-born is not formulated at once, but develops in logical ratio with the expansion of other parts of the body. Its measure is the requirement necessitated by the elaboration of tissue. Tissue growth is a slow process, demanding especial nourishment, and varied at each advance in age. The necessities of the child, both chemical and physiological, are not those of the adult, because each is adjusted with great exactness to the immediate environment. The excess of non-nitrogenous matter, which is an essential to adult life, is pernicious to the well-being of the infant. Muscles, when at work, consume principally hydrocarbonaceous aliments, and not albuminoid substances. In the infant there is no muscular exertion, and hence it draws more largely for its development upon the nitrogenous substances than upon the hydrocarbons. At birth the alimentary tract is short, the cæcum being very small, and the masticatory organs are absent. Bidder says that the ptyaline appears only with the cutting of the first tooth.

Reasoning from analogy, it is not improbable that the pancreatic and intestinal ferments are also inoperative until about the eighth month. Nature is not a spendthrift, and she would not call into useless action any function not demanded by the necessities of her own handiwork. With the eruption of the teeth a new era begins. Mastication presupposes increased development. Increase of development calls for increase of nourishment, and increase with variety in nourishments sets up new digestive processes, in which the ptyaline and the other ferments play an important part.

The alimentary tract of the infant is exceedingly susceptible, so that nursing women have to be very careful in their diet. Now if this tract is so impressionable as to feel any departure from a standard diet in the mother, how much more seriously will it suffer in the administration directly of unwholesome cow's milk—not unwholesome, perhaps, in the light of general use, but unwholesome for the limited infantile digestion. It may have an *acid* reaction, or it may have come from a cow in *heat*, or it may be tainted with certain vegetable substances obnoxious to the child. The natural food of the baby is its mother's milk.

An intelligent study of human milk will lead up to a more just comprehension of the demands of infant digestion, and to a more perfect knowledge of a physician's duty in prescribing for such cases as are, unfortunately, deprived of the mother's breast. It would be a valueless encumbering of space, and an expenditure of time without profit, to cite one half the analyses that are matters of record. It best subserves the present purpose to view the main constituents of human milk in their relation to certain physiological principles. It is to be noticed first, that woman's milk has an *alkaline* reaction, which persists for an indefinite period, and a specific gravity of about 1.0317. It contains water largely in excess (89.20 in 100 parts), milk-sugar, nitrogenous matter, fat, and salines. The albuminoids will vary in different women so largely that we cannot affirm that any analysis is infallible. A fair average percentage would probably be about 4.84. The milk-sugar (6.997) is much greater than in cow's milk (4.92). These figures are only approximately cor-

rect. No two samples yield the same results. This variability in the composition of woman's milk, if not pathological, is a wise dispensation of nature to provide for the exigencies of each month of advancing age. Thus the function of the milk-sugar as a heat-producer is kept constantly in mind, while the absolute rate of nutrition may vary within wide limits, because the bodily heat must be preserved at all hazard. In fat, woman's milk exceeds that of the cow, but falls far below it in albuminoids. The ash, or mineral constituent of milk, is chiefly concerned in metamorphosis. The basic phosphate of soda is invariably found in the blood, while the acid phosphate of potash is the chief constituent of the juice of the flesh. Phosphate of lime is intimately incorporated with the nitrogenous constituent principles. It is very generally admitted that the carbohydrates lead on to fat-production, through the co-operation of the nitrogenous and saline elements. Nitrogenous elements themselves, when in excess, may also serve as a source of fat. Nitrogenous matters do not, probably, undergo complete oxidation within the body; a portion of them is eliminated as urea. Fatty compounds are of higher value as force-producers, because they contain a quantity of hydrogen as well as of carbon free for oxidation. Pavy says that the value of nitrogenous compounds as force-producers depends upon the amount of unoxidized oxidizable elementary matter they contain. In human milk the percentage of nitrogenous matter to carbohydrates is about 1.45. About one-fourth part of its casein is coagulable by acid. The alkaline reaction is highly valuable, since it serves to convert the casein into soluble albuminoids and soluble carbohydrates, which are great heat-producers. Writing upon this subject, Küss says: "It is generally admitted (Moleschott, Voit) that an adult consumes 320 grams of carbon and 21 grams of nitrogen, or, in other words, 130 grams of albuminoid elements, and 488 grams of hydrocarbons and fats (fats 84, hydrocarbons 404); it follows that, in this case, the normal proportion in a mixed diet, of nitrogenous to non-nitrogenous aliments, is 1 to 3.7, while in milk, as well as in the egg, the proportion is 1 to 3, or even 1 to 2; in other words, the quantity of albuminates (nitrogen) is much larger, and of hydrocarbons (carbon) much

smaller. This fact may be easily explained by referring to the part played by the hydrocarbons in regard to the production of force, muscular force especially. The adult draws his forces from the combustion of non-nitrogenous substances, the albuminates scarcely serving for this purpose. On the other hand, when the organism is in course of development, the nitrogenous substances are indispensable to the growth of the different tissues. It is therefore easy to see how mistaken is the common practice of condemning children to a diet containing a large quantity of starch and scarcely any nitrogen."

Woman's milk contains no starch. It may be conceded that, in the adult, the ptyalline may continue its action in the stomach; that particles of unconverted starch may be transformed by the pancreatic and intestinal juices. In the infant this rule cannot apply. The baby does not secrete ptyalline until the sixth or eighth month; neither do the other juices, of pancreas and intestine, have any transforming power whatever before that period. It is sheer ignorance to assert that small particles of starch can do no harm since they undergo transformation in the intestine, when the truth is that they not only act as irritants, but pass out of the bowels unchanged. The attenuant of woman's milk is an important factor, of which we have little absolute knowledge. It is chiefly in consideration of this point, that cow's milk cannot ever be safely substituted for that of the mother. Before it can satisfactorily approximate to this great food of nature, it must be radically transformed by some chemical process which science has not yet developed. The addition of water to cow's milk will reduce the percentage of albuminoids into harmonious relationship with human milk, but it does not suffice to change the characteristics of the clot. To use starch as an attenuant is, of course, radically wrong.

In view of these facts, it becomes a matter of the utmost interest to establish some definite principles of treatment, in cases where the mother is unable for any reason to nourish her child properly and sufficiently. There is no known process, chemical or mechanical, by which cow's milk alone can subserve this purpose. Up to six months of age, at least, the baby needs just those equivalents found within the mother's breasts—

nothing more and nothing less. The compound must be alkaline in reaction; it must contain no cane-sugar (because cane-sugar must be first converted into grape-sugar before it can be assimilated; cane-sugar is frequently subjected to a kind of acetous fermentation, producing excess of acids in the infant stomach, so that bodily heat will diminish and disorders of respiration and circulation will follow), and no starch. It must be rich in heat-producers, although, as I have said before, the amount of albuminoids may vary greatly. Position has something to do with digestion. In some bad cases it will be found that if the infant be placed in the usual position of a nursing child in its mother's arms it will assimilate its food, when artificially fed, much more readily. In the nursing child, a by no means inconsiderable amount of heat is derived from the mother's body. An artificially-fed infant is deprived of this, so that there should be some compensatory action in its food. There have been many attempts made to overcome this difficulty, and our journals have been full of discussions upon the matter. It may be said that no artificially-prepared food that does not meet all these requirements will be of permanent value in the field of therapeutics. What is needed is something rich in carbo-hydrates, with a proper admixture of albuminoids, salts, and moisture, free from starch and sugar, and alkaline in reaction.

In common with many others, I have often been puzzled as to the best way of meeting the emergency. I beg leave to append a few cases from my note-book, as bearing upon the matter:

CASE I.—K. S., colored, five months old, apparently dying of marasmus; vomits frequently; diarrhea, with inability to retain nourishment. Was nursed by mother until two months old, then was fed by bottle on diluted cow's milk. Ordered appropriate remedies, with the formula of infant food as advised by Meigs, in very small quantities. On second day the child was no better. Gave small doses of brandy, burned, with sugar, spice poultice to abdomen. Child continues to fail; entire inability to retain nourishment. At the suggestion of a professional friend, I bought a box of Mellin's food and subjected it to a very careful analysis. It seemed to be a close imitation of

mother's milk—so that I commenced using it at once. The change was immediate and permanent, and the patient is a thriving girl of four years. The effect was due to the principle in the food which acted upon the curd, and albuminoids, and brought the cow's milk into a harmonious relationship with human milk. The whole system of the child was poisoned by unwholesome food, which it not only could not digest, but which was irritating the whole alimentary track. It wanted heat, and it wanted nitrogenous food. I satisfied myself by personal analysis of the constituents of the preparation, and found that it contained the principles which it seemed to me nature demanded, in exact combination, and more satisfactorily and more cheaply prepared than I could compound upon my own prescription.

CASE II.—The particulars of this case were furnished me by a friend. A physician was called to see a case where the child had convulsions after each feeding. He questioned the mother in regard to the milk used. She persisted that it was one cow's milk from a fine Jersey on her own farm, and was quite unwilling to make any change. She was finally persuaded to try the milk from another source, and use it with Mellin's food. The child began to improve at once.

CASE III.—Enterocolitis. H. D., the infant son of well-to-do parents, in the summer of 1882, had been allowed from time to time small quantities of starchy food in his milk. One night he became restless and irritable, slept but little, and when sleeping moaned frequently. Rejected his food. These symptoms continued for a day or two, when diarrhea set in. With the increase of inflammation the discharges become more frequent, consisting of small portions of feculent matter, undigested starch, casein, mucous, etc. The abdomen was tender to the touch, and somewhat swelled. Vomiting was troublesome; pulse 148. Ordered warm baths, poultices to the abdomen, with one dose of spiced syrup of rhubarb and paregoric. Then gave a simple refrigerant mixture, with gradually increasing quantities of Mellin's food. As the child grew better its abdomen was enveloped in flannel, and it was kept in the open air for as long a time as circumstances would permit. It thrived upon this artificial food, and soon was perfectly well.

These cases, which might easily be multiplied, are of interest only as showing that the nearer we approach to the essential principals of normal human milk in any substitution that we make use of, the better will the results be. The general cause of these summer complaints is one of unwholesome or insufficient food. Nature never offers such to her new-born, and we may well pin our faith to her example. Feed the child upon that preparation which assimilates the closest to mother's milk, and little medicine will be required in our cases of so-called cholera infantum.—*Archives of Pediatrics*.

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### **Therapeutics of Pruritus.**

Few conditions are so intolerable as that superinduced by a continuous itching at any one point of the body. Especially is this the case if the locality of the trouble is in some of the cavities or at their margin, and every physician has had occasion time and again to long for some remedy, which, when applied, would give certain relief. That this desideratum or specific has not yet been found is evidenced by the great number of prescriptions, both of simples and compounds, which from time to time appear in the medical journals, and which purport to fill the "long-felt want." Some of these are undoubtedly valuable, and when used in those cases to which they are suited afford relief. But itching, like any other pain, is only a symptom. It may be produced by drawing a feather lightly across the skin, or it may come from some deep-seated internal disorder—like the itching of the nose or at the margin of the anus, caused by intestinal or pin-worms. Hence any application or remedy which is not directed at the cause of the disorder must fail, or at best give only temporary relief. Bearing these facts in mind, it will be easy for the practitioner to select from the following a remedy for almost any case of pruritus which comes to him in the ordinary routine of practice.

Auerbach, of Berlin, uses "Balsam of peru, rubbing it into the parts affected, giving great relief, and in a few days effecting a cure.—*Klinische Wochenschrift*.

Dr. H. K. Steele recommends the following as "almost a specific" in pruritus vulvæ and pruritus ani: Quinæ sulphatis, 1



drachm; adipis, q. s. Ut fiat unguentum. Apply freely p. r. n.—*Cin. Lancet and Clinic.*

Dr. L. D. Bulkely uses the following as a general antipruritic remedy: Chloral hydrat., camphoræ, of each one drachm; unguent. rosar., 1 ounce. Mix. Rub the chloral and camphor together, and to the resultant fluid add the unguent of roses, a little at a time, rubbing until thoroughly incorporated. Apply freely to the affected parts.—*Southern Medical Record.*

Take of bichloride of mercury 1 part; alum, 20 parts; starch, 100 parts, water, 2,500 parts. Mix, and incorporate, Apply freely to the affected part.—*Louisville Med. News.*

M. Marius Rey uses a lotion of glycerole of cade made as follows: Oil of cade, 1 drachm; glycerole of starch, 4 ounces Mix. In vulvar pruritus M. Rey also uses at the same time injections of laudanized water, and tonic hip baths.—*Journal de Therap.*

Lime water and glycerine, of each 1 ounce; oil of sweet almonds, 2 ounces. Mix. Use as liniment. It is valuable in pruritus of genitals, and in superficial burns and scalds.—*Druggists' Circular.*

In the pruritus of the vulva, so common in the pregnant woman, Dr. Gill recommends sulphate of alumina as acting like a charm.—*Lancet and Clinic.*

All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause must be very desirous of being made acquainted with a prompt remedy for so distressing an affection. Whether it arises from the presence of prurigo, urticaria, eczema, herpes, or whether it exist without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these veratria is by far the most efficacious. When the pruritus is localized at the groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment consisting of 30 parts of lard and  $\frac{1}{2}$  part of veratria usually gives relief. When the pruritus is generalized, the internal administration of the veratria is preferable. Two centigrams should be made into 10 pills, with licorice powder, of which from 2 to 6 should be taken daily, either half an hour before or

three hours after meals. Only 1 should be taken at a time, an additional 1 being given each successive day until the maximum of 6 is attained.—*Medical Times and Gazette*.

We may set it down as a general rule that pruritus due to most superficial skin diseases will be relieved by antiseptics. Bichloride of mercury, quinine, boracic acid, carbolic acid, salicylic acid, chloral hydrate, sulphate of copper or zinc, etc., are all valuable as antipruritics in such cases. Pruritus ani, caused by the presence of thread worms (*Ascarides*) in the rectum, will, of course, only be relieved by the removal of the excitant cause *secundum artem*.

The itching of the urticari is frequently relieved by the application of bicarbonate of soda in tolerably strong solution. A few drops of balsam copaiba taken on a lump of sugar or in capsule have sometimes relieved this condition. The bicarbonate of soda is an almost certain remedy in poisoning by rhus toxicodendron—at least, it always relieves me, and I am peculiarly susceptible to the poison.—*National Druggist*.

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#### The Treatment of Dysentery with Corrosive Sublimate and Colocynth.

Dr. S. B. Childs, of Brooklyn, writes: "The methods ordinarily advocated for the treatment of dysentery being generally unsatisfactory, and for the reason, to my mind, of being irrational, I would fain bring before the medical profession a mode of treatment that at my hands has produced desirable results. Pathologically considered, we have in dysentery a localized inflammation, either catarrhal or fibrinous, of the mucous and sub-mucous membrane of the lower intestinal tract. That one case may be wholly catarrhal, another case wholly fibrinous, or that the catarrhal may run into fibrinous, has been amply proven. With any of these conditions present the majority of medical writers still advocate sugar of lead, opium, etc., *ad nauseam*. Hardly a mixture is given that does not contain more or less opium. Now, paralyzing the contractility of the intestinal walls by this nervous sedative certainly does not cure. Castor-oil and Epsom salts have been recommended, but generally in too large doses, and then withal they invariably have as an adjunct some

preparation of opium. Having an inflammation of a severe type, it would seem a *desideratum* to give some form of medicine that would produce an alternative action directly in the tissues involved, and yet at the time not to excite any disturbing influence on the system at large. Now, we have in small doses of bichloride of mercury just what will answer this requirement. The griping pains and tenesmus that are so distressing in this complaint can be readily controlled by tincture of colocynth in minute doses. My mode of procedure is to give the mercury alternately with the colocynth, and on the pain being relieved to supersede the colocynth with the tincture of ipecac." Dr. Childs then gives notes of two cases illustrating the efficacy of his treatment. In the early acute stage he gave tincture colocynth in gtt.  $\frac{1}{10}$  doses, alternating every half hour with corrosive sublimate, gr.  $\frac{1}{10}$ .—*N. Y. Med. Record.*

### Coca Clinically.

After the removal of alcohol in the treatment of the inebriate, a stage of profound exhaustion and neurasthenia comes on. An unmasking, as it were, of a nameless variety of neuralgias and states of irritation, both physical and psychical, which tax therapeutic resources to the utmost to meet. Functional changes and perversions that are intense, complex and very changeable, associated with organic lesions, both obscure and well defined, not only difficult to diagnose, but more difficult to treat. These are termed, in general, states of brain and nerve exhaustion, and the usual remedies are quinine, strychnine, electricity, baths, nutrients, and other general remedies. The materia medica is constantly searched for tonics that will lessen this neurasthenic stage, and enable the patient to regain in some measure his lost control of mind and body, and rise above the mental depressions so common and agonizing. Our experience with coca in many cases seems to indicate that it meets these wants more positively than any other drug now used.

Through the kindness of Parke, Davis & Co., of Detroit, we were supplied with the fluid extract of coca leaves, a preparation of known purity and value. The results of its use in these cases may be summed up as follows:

1. After the removal of alcohol, coca given in doses of from one-half to one ounce every four hours was speedily followed by the most characteristic symptoms of improvement.

2. Its action on the brain and nervous system was that of an exhilarant and slight narcotic, relieving depressions and lessening irritable nerve conditions. In cases of organic and functional lesions of the heart, an increased steadiness of pulse beat and diminution of pulse irritability was apparent.

3. The psychological depressions and neuralgias so common in this stage were lessened, and disappeared altogether in most cases, especially for some time after the use of the drug.

4. Both the appetite and sleep, in all cases where it was given freely, improved rapidly, and the future of these cases seemed to have less complications and more positive recoveries.

5. No evidence was brought out that would indicate it destroyed the cravings for alcohol in cases of dipsomania; but it was clear that given freely in these cases it lessened the intensity and duration of the attack. The conclusion which was indicated by this study was, that coca was a tonic of great value in inebriety, and more nearly a specific than any other remedy now known.—*Journal of Inebriety*.

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#### **Treatment of Cholera Infantum.**

Dr. James Craig, of Jersey City, publishes a paper on this subject in the *Archives of Pediatrics* for March 15, 1884, in which he says that the treatment of cholera infantum varies very much, and depends very much on the physician's ideas and experience. The indications are to prevent nausea and vomiting, support the strength and check diarrhea. If nursing, no change of diet is made, but care should be taken not to nurse the child too often or too much at a time. If bottle-fed, the milk is stopped, and stale bread soaked in hot water, with a little sugar and brandy added, or Robinson's prepared barley, or arrowroot, made with water, given in small quantities, answer a good purpose. Milk is also prohibited where the child is weaned, but is gradually resumed as it improves. Where the child is weak, a teaspoonful of brandy to six or seven of water, a teaspoonful of which is given occasionally. Where a more powerful stimulant

is required, carbonate of ammonia, in one or two grain doses, mixed in syrup of acacia, is used, according to the age of the child.

For gastric and intestinal derangements his favorite prescription is: *R.* Liq. acidi carbolici (5 per cent), ℥j; bismuth subcarb.; pepsini sacch., ʒj; ac. cinnamon, ℥iij; syr. aurantii cort, ℥ij. *M.* Sig. A teaspoonful every two or three hours until relieved.

He also applies a spice plaster over the abdomen, composed of the following: Powdered cinnamon, cloves, nutmeg, ginger, allspice, of each ℥ij, honey and glycerine, of each ℥vj, and white of one egg. *M.* And spread on cheese cloth or fine mosquito netting. It may remain on, over the region of the stomach and bowels, for some hours or days without blistering—it merely reddens the skin, and is an excellent counter-irritant. A bandage should be applied over it to keep it in place.

Change of air frequently brings about convalescence in a very short time. When that cannot be had, the next best thing is to take the child out daily, for an hour or two at a time, early in the morning and late in the afternoon. While in the house, the child should be in a well ventilated room, free from draughts.—*Med. and Surg. Reporter.*

#### Static Electricity as a Preventive for Cholera.

Static electricity as a preventive for cholera is advocated in *Le Progrès Médical* by M. Romain Vigouroux. From the experiments of Boillot, Angus Smith and Chappuis, it appears that ozone has the property of neutralizing all the germs in the atmosphere, and that bacteria readily yield to its destructive influence. Following this hint and combining it with the fact that an electric spark will change oxygen into ozone, the above system was imagined by the author. Certain patients who were subjected to this treatment declared that for several hours, and even until the next day, the odor of ozone persisted in the clothing and upon the skin. He concludes that according to the facts generally admitted upon the prophylaxis of cholera, static electrization daily practiced is a means whose efficacy is very probable. It acts by producing an antiseptic *par excellence*—ozone, and stimulates all the functions of the organism and more particularly the nutritive.—*Medical Review.*

## *EDITORIAL.*

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### **Imaginary Cures.**

We are frequently amazed at the cures reported by our high dilution friends, and often wonder, when they tell us a big story, whether there can be anything in it or not. We do know that very small particles of matter may influence others in a wonderful manner in some cases and under certain conditions, but that so much can be done with infinitesimal doses we seriously doubt. But some of these high dilutionists claim that a kind of mental or spiritual influence goes along with their potent remedies; that the drugs are administered by physicians who have faith in what they do, and that they give medicines for certain purposes, and accompany the giving with a thought or strong belief that the very thing desired to be wrought will certainly be accomplished with the drug or drugs administered. Well, there may be something in this, too, but we have always been inclined to the opinion that strychnia would kill anyhow, if given in large doses, whether we thought so or not.

But we have two cases to report that beat any high dilutionist on record. They came under our own observation, and although we might have played a fine trick in each instance and made some capital, we never made a cent out of either of them, that we know of.

The first case was a young miss of about fifteen. She had been ailing for a year or more, and her mother had called my attention to her more than once while I was in attendance upon other members of the family. I felt sure that tardy menstruation was the ailment, or rather the cause of the girl's feeble health, and often told her mother so. She had never "come round." Finally, after several appeals to the mother to come and get something for this girl, she, seeing that her health was gradually but certainly failing, promised that she would come to my office the following morning and get some medicine for her daughter.

I then examined the girl carefully, but did not change my opinion as to the cause of the trouble. I at once, then and there, made up my mind that pulsatilla would cure this patient, and determined to give it to her without admixture. I urged the mother to be sure and come and get the medicine the next morning, for the girl had been lingering long enough. Several times during the evening I thought about pulsatilla in connection with this patient, and every time it came into my mind the more I was impressed that it was *the* remedy, and that it would put everything to rights at once. I was really anxious to have the girl take it. Morning came, but no messenger called for the medicine. I waited three or four days, and nobody came for the medicine. Finally the mother called at my office with the following statement: "Doctor, I did not come for the medicine for my daughter, for when we got up the next morning after you were there she was "unwell," and everything seemed to be going on so natural, and she has been feeling so much better ever since, that I concluded she did not need any medicine.

Now, this has been more than a year ago, and this girl has menstruated regularly ever since, and has grown to be a strong, healthy girl. Ha! cured by one dose of high potency? no; the thought alone, without the medicine, did the work, eh? No. The fact is Nature did the curing, exactly as it does in many cases where we think we do great things with little pills, or sometimes huge powders.

The second case was a boy about ten years of age. He had had scarlet fever; had been treated by another physician, and was now suffering from dropsy. The dropsy undoubtedly depended upon endocarditis, weakness of the heart, and possibly there was some valvular insufficiency. This was only last month, and the case is fresh on my mind. He was unable to sit up, pulse very irregular and rather feeble. Suddenly one morning, about three o'clock, he was taken with a convulsion, and I was sent for. When I reached the house, about 3 : 30 A. M., the boy was, apparently unconscious, in a convulsion, one side of the body partially paralyzed, head drawn to one side, and unable to swallow anything. Counsel was demanded and obtained. Counter irritation was employed, but no attempt was made to give any medicine; in-

deed doctors and everybody else felt sure the boy would die very soon. The convulsions continued, with but slight remissions, till 9 A. M. Now, the boy lived so long that I made up my mind that I would go home and get some green-root tincture of gelsemium and give it to him hypodermically. I went to the office and got the remedy, and all the way to and from the office I thought what a fine case I had for testing gelsemium. And I really came to think I might do some good with it—had faith in it. When I got back to the patient he was quiet. After suffering from the most violent convulsions I ever witnessed for six hours, he suddenly relaxed, never had another sign of convulsions, the pulse became regular, dropsy gradually disappeared and in about a week was gone, and a speedy recovery was the result. Minute doses of digitalis were given till he got well, and nothing else; and I don't know whether this did any good or not—perhaps it did.

Now, here is another case where the thought alone beat high dilution. Suppose I had given the gelsemium as I proposed and these results had followed? The facts are, we too often mistake sequences for effects, and we should be more careful in our observations.

Regarding the true condition of the boy during the convulsions, I thought, and now think, that he was suffering from an embolism. It resulted from the endocarditis, but was very soft, and was broken down and carried away in the circulation and finally lost. Its detachment from the endocardium completely relieved the heart, and thus the boy had a chance to recover.

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#### **A Problem for Medical Students.**

The American Medical College has six lectures a day from Monday morning to Saturday evening; 36 lectures a week for twenty weeks, losing only Thanksgiving, Christmas and New Year's days.

One hundred and twenty lectures on Anatomy are delivered during the session, besides the demonstrations and dissections; 120 lectures on *Materia Medica* and Therapeutics; 80 lectures on Chemistry; 40 lectures on Physiology; 120 lectures on Obstetrics and Gynecology; 120 lectures on Surgery; 120 lectures



on the Practice of Medicine, and 20 on Medical Jurisprudence.

There are not less than 720 lectures delivered during the session and 1440 lectures before graduation.

In the surrounding medical colleges there are five lectures a day, half holiday on Saturday; two full weeks Christmas and New Year's in which there are no lectures and the student on expense; one Thanksgiving and two full weeks at the close of the session for examination and graduation, all included in the twenty weeks. How much does the student lose, and where does he gain the most lectures?

No medical college can do more than this. As a matter of silent thunder, some colleges have from fifteen to twenty-five professors—three lectures a week on Anatomy, three on Obstetrics, two or three on Surgery—supposing that the great quantity of professors will draw. As a matter of fact the American has always held “that too many cooks spoil the broth,” and that the attention of the student's mind may be better held by each professor keeping up his own chain of thoughts and managing his own chair. No one, therefore, should be misled. Enough is enough of anything, and too much of a good thing only turns stale and obnoxious.

The quality of lectures as well as the quantity should be considered by every student. What young man wants to sit and listen to stale lectures of forty or fifty years ago? Give us something up with the times, and that, too, with some snap and energy.

That is our style and that is the American.

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#### **The Eclectic Medical Society of Missouri.**

The Sixteenth Session of the Eclectic Medical Society of Missouri will take place in the college halls of the American Medical College, St. Louis, on the 7th and 8th of October, 1884. The Society will be called to order at 10 A. M. Tuesday, Oct. 7th, and will close Wednesday evening Oct. 8th.

It will be to the interest of every member of this Society to be present and participate in the discussions and interchanges of thought. Every reputable Eclectic physician of the State is most earnestly solicited to be present and to join the Association.

*Programme.*—When should an Eclectic object to Consultation?

N. M. Carter, M. D., Sedalia. Treatment of Chronic Bronchitis. L. J. Bybee, M. D., Jamestown. A Pocket-Case of Twenty Remedies—What should they be? W. H. Roper, M. D., Sarcouxie. Where should we recommend our Consumptive Patients to go? J. A. Rowe, M. D., St. Louis. Treatment of Typhoid Fever. C. W. Baker, M. D., Union Grove. The Significance of Appearances of the Tongue. Geo. C. Pitzer, M. D., St. Louis. The Germ Theory of Disease. T. Hodge Jones, M. D., Lamar. Abortion and its Treatment. T. B. Owens, M. D., St. Louis. Cholera. E. Younkin, M. D., St. Louis. *Reports on New Remedies*: Hives—Their Pathology and Treatment. G. D. Coe, M. D., Kirksville. Anything he may select. W. V. Rutledge, M. D., St. Louis. Infantile Diarrhœa. W. F. Gates, M. D., St. James.

*Officers and Committees.*—President, M. M. Huddleston, M. D., Big Spring; Vice-President, W. R. Corryell, M. D., St. Louis; Recording Secretary, R. L. Galbreath, M. D., Carthage; Treasurer, E. Younkin, M. D., St. Louis; Corresponding Secretary, A. V. Thorpe, M. D., California; Foreign Secretary, Geo. C. Pitzer, M. D., St. Louis.

*Censors.*—J. H. McDonald, M. D., Worden, Ill.; T. Hodge Jones, M. D., Lamar; W. V. Rutledge, M. D., St. Louis.

*Executive Committee.*—Geo. C. Pitzer, M. D., St. Louis; E. J. Williamson, M. D., St. Louis; A. Merrell, M. D., St. Louis.

*Memorial Committee.*—E. Younkin, M. D., St. Louis; J. T. McClanahan, M. D., Boonville; T. Hodge Jones, M. D., Lamar.

In addition to the prescribed programme the executive committee has arranged to have a well preserved cadaver on hands—possibly two—for this meeting, and the members of the Association can have the pleasure of witnessing quite a number of important anatomical and surgical illustrations. Profs. Younkin and Rowe will use the subject for surgical and surgical anatomy, and show some of the most important operations coming under the care of practical surgeons. Prof. Merrell will, if we happen to obtain a suitable subject, illustrate some important manipulations in gynecology. Prof. Palmer will show the eye, and perform some important eye operations. And he will also show how to use and apply the ophthalmoscope on the living subject

in the dark room, which we have finely fitted up for this special use in case of society meetings and for lecture purposes during college session.

We mean to make this State meeting interesting and instructive, and in view of what is before us as a profession, as intimated in our paper upon Medical Legislation, we earnestly urge every man to attend this State Society meeting, member or not; if not a member it will not take you long to join. We want every reputable Eclectic and progressive physician in the State to unite with the Society, in name, purse and person. In this way we can make a respectable showing. Why, right here in the State of Missouri, if our men would only turn out, we could have a State meeting as large as the National Association, and make it far more interesting, for we should not have so much routine business. Think of all these things, brethren, and come to this State meeting.

Of course it will be fair time, and the Exposition will be open, but we want these attractions to occupy secondary places. We can, on Tuesday and Wednesday, spend the *whole* time with the Society work, and then on Thursday and Friday, the big Fair and Exposition days in St. Louis, take in all the sights to our satisfaction. Again let us urge a full attendance.

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#### **The American Medical College.**

- The regular annual session of this college will open October 6th, 1884. The college building has been thoroughly renovated and refitted, and the facilities are now better than ever before. See advertisement on page v.

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#### **Prof. O. A. Palmer.**

We invite special attention to Prof. Palmer's card on advertising page lii. While every provision has been made in our college and in the City Hospital for Dr. Palmer to make his services profitable to the students of The American Medical College, he is well fitted up for private business, at 1418 Washington Ave., the old stand of Dr. W. Todd Helmuth, one of the finest and most accessible locations in St. Louis. Dr. Palmer is an accomplished and experienced oculist and aurist, and physicians

in city or country having cases coming in these departments which they cannot or do not care to treat, may rely upon having them properly and skillfully managed if referred to him. He gives his entire attention to the eye and ear.

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#### **The Late Prof. P. D. Yost.**

Impressive memorial services were held in honor of the late Dr. P. D. Yost, of St. Louis, on Sunday, August 31st, at his birthplace in Marion co., W. Va. A large assembly of relatives and friends were present, to do honor to one whom they had known and loved in days gone by.

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#### **Law and Order.**

If law is the crucible in which the medical profession shall be tried, then let us stand the test and suffer the consequences. We cannot tincture the whole body medical by a hint here and an inuendo there. Men must have argument. What is the drift of a man's sentiment, when he says: "With the general adoption of these laws freedom in medicine is at an end?" We conclude that the writer prefers no law to that of law and order. We want liberty in medicine as in religion, but not license. A man can keep a skunk if he chooses, but he has no right to stink his neighbors.

Fifty years ago laws were few. Like a period in Israelitish history, "every one did that which seemed good in his own eyes." With no general laws, there was no guide or protection—no standard of right—and the Israelitish government became subject to the surrounding powers.

The same law holds good in medicine. Chaos is a legitimate element at the beginning of all things, but if law and order does not take its place, in due time disaster follows.

Oppression may come by virtue of the power of the majority, who may have their own selfish interests at heart, more than truth and science. Yet the internal fires of sympathy will break the bands of oppression and assert the rights of man. The people will not long suffer the law abiding to be oppressed, but the outlaw may lie in his prison cell until his bones rot.

It is safe enough to "repeal all class legislation," but he who cries "repeal all medical laws" must surely come to grief.

The whole medical world should now join to make the profession one, and to assist in advancing all scientific interests and protect the medical profession from the invasions of the charlatan and quack.

The man who wants to cast his interests with the mountebank let him do it, but Eclectics must stand upon the same scientific basis as other schools.

The man who cries for the repeal of all medical laws should be consistent by terminating his connection with State, Local and National organizations, for these are the sequences of law and order.

A man with unbridled liberty cannot associate himself with others without a clash of interests. To join with others of the same ilk, they may have a concert of action, but only like thieves or burglars that break a safe or rob a bank. To protect our own interest we need thorough organization, but without law we prove our own destruction. Y.

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#### **Urinary Test Papers and Apparatus complete.**

We have just received a nice pocket case from Parke, Davis and Co., which meets our wants "to a dot."

The suggestion of such a case was made some time since by Dr. G. Oliver, of Harrowgate, Eng.

This case contains, in addition to a series of urinary test papers, a comprehensive book of instructions for the use of Dr. Oliver's bedside tests, and the following apparatus: 1. Two test tubes, one of which is graduated. 2. A graduated minim pipette. 3. A set of six specific gravity beads, corresponding with specific gravities respectively of 1.005, 1.010, 1.015, 1.020, 1.025 and 1.030. These will be found more convenient to use than the ordinary urinometer, which is, moreover, a very fragile instrument.

Price List: Physician's Pocket Reagent Case, leather, \$1.50; paper, \$1.00. Sent to any address on receipt of price.

A more compact arrangement it would be difficult to devise, and the physician cannot well forego the convenience of such a

vest pocket chemical laboratory. We again heartily recommend this convenient case, and those who use it will certainly appreciate it. For sale by Parke, Davis & Co.

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**Missouri State Board of Health.**

OFFICE OF SECRETARY, HANNIBAL, MO., Sept. 5, 1884.

We hereby announce that the next meeting of the Missouri State Board of Health will be held in the city of St. Louis, at the Laclede Hotel, on Oct. 14th, 1884, instead of Oct. 4th. as printed in our semi-annual report, on page 7, last line, a copy of which was circulated.

Very respectfully, J. C. HEARNE, M. D., Sec'y.

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**Texas Eclectic Addresses Wanted.**

Dr. A. H. Collins, of Honey Grove, Texas, wants the address of every Eclectic physician in Texas, for the purpose of taking steps to permanently organize a State society. This is a worthy object, and we do hope that all our readers in Texas will respond and forward their address to Dr. Collins, and aid him in organizing a good State medical society in Texas.

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**The International Medical Congress.**

It seems definitely settled that America shall have the next "International Medical Congress;" and the editor of the New York Medical Journal says, "it behoves the *entire* medical profession of the United States to do its best to secure a successful meeting." He says, further, that "we think it would be perfectly proper for Congress to make a handsome appropriation to cover the expense necessarily involved in entertaining our visitors." As the meeting is yet three years distant, we presume that an effort to appropriate to this end will be attempted.

Were the International Medical Congress composed of the "entire medical profession" and working in the interest of science, we could most cheerfully assent to the above sentiment; but it is well known that this is an Allopathic congress, and not the "entire medical profession." Is it not exceedingly presumptuous to call upon "the entire medical profession in the United States to do its best to make a successful meeting,"

when the entire profession cannot be admitted as members of this congress?

Our Allopathic neighbors lack nothing in cheek when they can ask other schools to pay their hotel bills, extend hospitalities and pay into the public treasury for their selfish aggrandizement. I move to amend by striking out all after the first sentence, and that the first be made to read: "It behooves the Allopathic part of the medical profession in the United States to do their best to secure a successful meeting."

We only want to inform them that they do not own or constitute the "entire medical profession." Neither do they have any such claims upon us or the public. Y.

### Whooping-Cough.

A mother asked me if I could do anything for the whooping-cough. Her three children, whose ages were six months, two and a half years and five years, all had the disease, and the youngest, on account of its age, suffered very much from the great paroxysms. Said I: "Madam, I can lessen the intensity of the cough, and with proper care the cough will terminate in about six weeks from the beginning. The following prescription was given: R. Fl. ext. castanea vesca, ʒ iij; kali bromidum, ʒ j; syr. prunus virg., q. s. ʒ iij. M. et S. To the youngest, 20 drops; to the second, half teaspoonful; and to the oldest a teaspoonful, repeated every three or four hours.

At the termination of six weeks the mother entered my office with the children, and the remark: "Doctor, that medicine acted like a charm. Babe and all the rest have had such an easy time. They don't cough any more. I am ever so thankful." Y.

### An Unjust Accusation.

Dr. W. H. Hale, in his paper, *Health and Home*, accuses us of having changed our policy regarding medical legislation. This is not true. We have always favored medical legislation, but not *class* legislation. Our position is made plain in this issue of the JOURNAL.

Dr. Hale also says: "The college of which Dr. Pitzer is Dean

has committed an act which should receive the censure of all liberal physicians. We mean the revoking of the diploma of one of its graduates, rather than lose the recognition of the West Virginia State Board of Health."

In this Dr. Hale is in error. We did revoke the diploma of one Dr. Davis, but not to retain the favor of the West Virginia State Board of Health. Dr. Davis represented to us that he had before attended one course of lectures, and upon a fraudulent certificate presented to us we admitted him to the graduating class upon the attendance of one session. When we found out that he had deceived us, and that he had never attended lectures before coming to the American, we revoked his diploma. And we can inform Dr. Hale that we will do the same kind of a thing again, should a similar case occur, no matter whether a State Board of Health apprises us of the facts or not. We are in favor of honesty and uprightness, and when people are inclined to escape justice we believe in laws to rule them to the right. We are ready, at all times, to protect and uphold our graduates in all legitimate behavior, but we expect them to behave properly, and obey the laws and regulations of the country as well as graduates of other schools, and when they do not they should abide the consequences.

Some time ago we were induced to advertize our college in Dr. Hale's paper, *Health and Home*, but we found it did not pay us, and we stopped. Shortly after this we were informed that Dr. Hale, the editor of *Health and Home*, had been arrested at Wheeling, Toledo and Cleveland for the character of his publications, and the substance of lectures delivered. A careful examination of Dr. Hale's advertisements and conduct showed us that we had been in bad company; and this unjust accusation now appearing in the *Health and Home* confirms the truth of the old saying—"If we train with the skunk we are certain to suffer from the stink."

If other eclectics and eclectic colleges desire to train with Dr. Hale and advertize in his journal, they are welcome to do so. He is a champion of the free-and-go-as-you-please crowd, and we do not admire such men or their papers, and will not support them when we know it.



**BOOK NOTICES.**

**ROBERTS' PRACTICE OF MEDICINE.** The fifth edition now ready. A handbook of the Theory and Practice of Medicine.—By Frederiek T. Roberts, M. D., B. Sc., F. R. C. P., Professor of Materia Medica and Therapeutics, and of Clinical Medicine, at University College; Physician to University College Hospital; Physician to Brompton Hospital for Consumption and Diseases of the Chest; Examiner in Medicine at the Royal College of Surgeons, etc. The fifth revised edition, in one handsome volume, over 1000 pages. Octavo. With illustrations. Price, cloth, \$5.00; full leather, raised bands, \$6.00.

The whole work has been subjected to careful and thorough revision by the author, many chapters having been entirely rewritten, while important alterations and additions have been made throughout. Several new illustrations have also been introduced.

We take great pleasure in recommending this work to all who want a new work on Theory and Practice.

Address P. Blakiston, Son & Co., 1012 Walnut Street, Phila.

**SEXUAL NEURASTHENIA**, with a chapter on **DIET FOR THE NERVOUS**.—By George M. Beard, A. M., M. D., formerly Lecturer on Nervous Diseases in the University of the City of New York, etc. Edited by A. D. Rockwell, A. M., M. D., Electro-Therapeutist to the New York State Woman's Hospital, etc. New York: E. B. Treat. 1884. 12mo. Pp. 270. Cloth Price, \$2. (From publishers.)

This is a fine book, and is specially adapted to the use of those who have diseases of the nervous system to treat.

**DISEASES OF THE THROAT AND NOSE, INCLUDING THE PHARYNX, LARYNX, TRACHEA, ESOPHAGUS, NOSE AND NASO-PHARYNX.**—By Morell Mackenzie, M. D., London, Consulting Physician to the Hospital for Diseases of the Throat, Lecturer on Diseases of the Throat at the London Hospital Medical College, etc. In two volumes.

Volume II.—Diseases of the Esophagus, Nose and Nasopharynx, with Index of Authors and Formulæ for Topical Remedies. Illustrated. 8vo. Pp. 550. Philadelphia: P. Blakiston, Son & Co. Cincinnati: R. Clarke & Co. Price, cloth, \$3.00.

The London *Medical Times and Gazette*, in speaking of the work, says: "The work is the outcome of Dr. Mackenzie's unrivalled experience of the affections of which he treats, and it exhibits in every part the extensive research, clearness of description, close observation, completeness, with conciseness of practical detail and fullness of experience, that Dr. Mackenzie has accustomed us to expect in his writings."

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ORGANIC CHEMISTRY. Just Published. A Compend of Organic Chemistry, including Medical Chemistry, Urine Analysis, and the Analysis of Water, Air and Food, etc.—By Henry Leffmann, M. D., Professor of Clinical Chemistry and Hygiene in the Philadelphia Polyclinic; Professor of Chemistry, Pennsylvania College of Dental Surgery; Member of the N. Y. Medico-Legal Society. Cloth, \$1.00; interleaved for the addition of Notes, \$1.25. P. Blakiston, Son & Co., Phila., Pa.

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AUSCULTATION, PERCUSSION AND URINALYSIS. An Epitome of the Physical Signs of the Diseases of the Heart, Lung, Liver and Kidneys.—Edited by C. Henri Leonard, M. A., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology, Michigan College of Medicine. Fully illustrated. Cloth, 16mo, 166 pages, post-paid, \$1.00. Detroit, Mich., 1884. The Illustrated Medical Journal Co., Publishers.

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### *MISCELLANEOUS PARAGRAPHS.*

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#### **Tongaline.**

It is very gratifying to the proprietors of Tongaline to feel that the profession show such a thorough appreciation of the wonderful therapeutic properties of that remedy, knowing as they do that here is offered an effective agent for the treatment of neuralgia, rheumatism, and kindred complaints. They are

constantly in receipt of the strongest testimonials, which come entirely unsolicited, of which the following are fair examples:

C. W. Prindle, M. D., of Grand Rapids, Mich., states: "Have used Tongaline extensively in all forms of neuralgia and rheumatism, finding it a safe, easy and efficient remedy. For all the cases of neuralgic or rheumatic pains, accompanying the colds that predominate in this damp and malarial region, it seems to be a specific. I take pleasure in recommending it to the profession."

L. J. Rees, M. D., of South Charleston, Ohio, states: "Can not say enough in praise of the merits of Tongaline. In some of the worst cases of sciatic rheumatism it has effected a speedy and permanent cure, where other remedies had failed to produce any good results. In my own case had almost given hope of securing entire relief, but now feel assured that Tongaline has completely eradicated the disease."

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#### **The Illinois State Board of Health and Vaccination.**

At a regular quarterly meeting of the State Board of Health, held in the city of Springfield, July 2 and 3, 1884, the Board adopted the following resolution:

*Resolved*, That the increasing prevalence of small-pox in London and elsewhere, indicating a probable renewal of the epidemic tendency, and its frequent introduction into Illinois from neighboring States within the past few months, make it desirable that vaccinal protection be secured as fully as possible in every portion of the State; and to this end the Secretary is hereby authorized to call the attention of sanitary authorities and others to the subject, and to take the necessary steps to push the further enforcement of the School-Vaccination Order of the Board, so that all new scholars, and those who have not heretofore fully complied with its provisions, may be properly protected against small-pox before the advent of cold weather.

In accordance with this action of the Board, County Superintendents of Schools, School Directors, Trustees and Teachers, are hereby reminded that the admission of any child to a public school in this State, without presenting satisfactory evidence of proper and successful vaccination, is prohibited.

The following extracts from opinions of the Attorney General define the rights and duties of all concerned in the matter:

Under the Revised Statutes of Illinois, Chapter 126a, Section 2, board duties are devolved upon the State Board of Health, and ample power is given to enable them to discharge such duties. They not only have the right, *but it is their duty to make any and all rules and regulations which they may deem necessary to preserve the public health.* Such rules and regulations, when promulgated, *have the force and authority of law,* and are to be enforced, if necessary, by the entire power, including School Officers, etc., of the State.

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### **Horsford's Acid Phosphate the Leading Auxiliary.**

Dr. R. M. Swander, St. Louis, Mo., says: "Were I to give a full report from my note book of the results obtained by the use of Horsford's Acid Phosphate at my instance, it would furnish manuscripts sufficient for a large pamphlet; suffice to say, that my faith in it from practical experience upon myself and many patients, representing a large class of diseases in which the use of phosphate is indicated, has been of such happy termination that I make it the leading auxiliary wherever the slightest indication for its use presents itself. I should lose confidence in the potency of many of my old favorite formulas, did I not feel assured from past observation that my efforts were materially aided by combining the Acid Phosphate therewith, results thus proving."

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### **Part of the Programme for the Next National.**

We are indebted to Alexander Wilder, M. D., for the following list of appointments made, and information concerning the next National.

President Stratford has made his designations for Sections to sit during the next year's meeting of the National Association. He has reduced the number, for the evident purpose of enabling them to hold actual sessions and do substantial work. The designations and appointments are as follows:

SECTION A.—Public Hygiene, Medical Jurisprudence, Physiology, and Mental and Nervous Disorders. Chairman, Milbrey Green, M. D., 1 Columbus Square, Boston, Mass.; Secretary, William M. Durham, Atlanta, Georgia.

SECTION B.—Practice of Medicine, Materia Medica, and Medical Chemistry. Chairman, Albert Merrell, M. D., 2346 Chest-

nut Street, St. Louis, Missouri; Secretary, Wilson H. Davis, M. D., State and Madison Street, Chicago, Illinois.


**SECTION C.—Obstetrics, Gynæcology, and Genito-Urinary Diseases.** Chairman, Milton Jay, M. D., 513 State Street, Chicago, Illinois; Secretary, William F. Curryer, M. D., Thorntown, Indiana.

**SECTION D.—Surgery, Anatomy and Clinical Surgery.** Chairman, L. E. Russell, M. D., Springfield, Ohio; Secretary, Robert A. Reid, M. D., Newton, Mass.

**SECTION E.—Otology, Ophthalmology and Laryngology.** Chairman, D. A. Cashman, M. D., 243 State Street, Chicago, Illinois; Secretary, Lemon T. Beam, M. D., Johnstown, Penn.

The Announcement will be issued at an early day. The Twelfth Volume of Transactions is in press, with promise of the printer to issue it early.

### **PROFESSIONAL AND BUSINESS EXCHANGE.**

 Under this head notices for sale or exchange, locations, or partnerships wanted, and other notices of like nature, will be inserted at \$2 a time. If more than eight lines, 25 cents extra for each additional line. Always in advance.

#### **For Sale.**

An Eclectic Physician with fifteen hundred dollars can buy a Drug Store with a good practice thrown in. Address  
M. C. JACOBS, Richmond, Mo.

#### **Medical Books and Surgical Instruments.**

We make a specialty of the Book Business. Students and practitioners wanting books of any kind, no matter of what school or where published, may order them direct from us, and rely upon getting what they want, and upon as good terms as they can be had anywhere. Surgical Instruments, Pocket cases, and Saddle-bags the same. For price list see advertising page v.

Galvanic Batteries and Electrical Instruments a specialty. Can furnish the best in the market.

Address, GEO. C. FITZER, M. D.,  
1110 Chambers Street, St. Louis, Mo.

#### **Journal Business.**

The regular subscription of this journal is \$2.00 a year, in advance.

If you expect to receive the Journal regularly, you must

 **RENEW YOUR SUBSCRIPTION.** 

Address DR. GEO. C. FITZER, 1110 Chambers Street, St. Louis, Mo.

No. 11.

**Fig. 1. (See Description on next page.)**

- A. Crystalline Lens.
- B. Aqueous Humor.
- O. Vitreous Humor.
- d. Cornea.
- e e. Iris.
- h h. Ciliary Muscle.
- l. Fovea Centralis.

- i. Retina.
- k k. Choroid.
- o o. Sclerotic.
- r. Optic Nerve.
- s s. Schlemm's Canal.
- z z. Zonule of Zinn.
- n n. Insertion of Muscles in the Sclerotic.

I believe that man received from the Creator perfect sight; but through his transgressions it has become imperfect, and subject to various diseases. There are defects in the eye that are termed "optical," which are of interest to all. The eye is a camera, subject to the ordinary laws of light; it may be perfectly sound and still vision be not perfect. This is caused by the rays of light not being accurately focused upon the retina. The rays of light may be focused in front of it, as in myopia, or back of it, as in hypermetropia.

There is perfect vision when the parallel rays of light that come from an object twenty feet away from the observer are

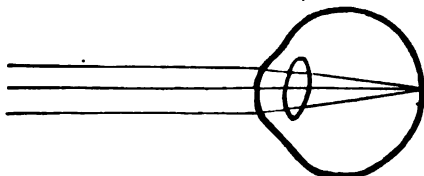


Fig. 2. Normal Eye.

focused sharply upon the retina (see Fig. 2). In this condition the eye is adjusted for distant objects and all of its parts are at rest. The cornea, aqueous humor, crystalline lens and vitreous humor (see Fig. 1) are refractive media, and when taken together act as a bi-convex lens, causing the parallel rays of light to be brought to an exact focus upon the retina. If we wished to see near objects the eye must change to some extent, and the lens become more convex. The eye possesses the power to adjust itself for various distances. This power is termed accommodation.

When the ciliary muscle contracts, the lens has the power to become more convex, mostly on the anterior surface (see Fig. 3), causing it to have a shorter focus and greater magnifying power. This is an involuntary act, that is, not under the control of the will. Children with healthy eyes have good accommodation, but it diminishes as they grow older, so that at forty or fifty it will be very difficult to accommodate for fine objects at a near

point. In order to see well they find it necessary to hold everything away from the eyes a greater distance than they have been

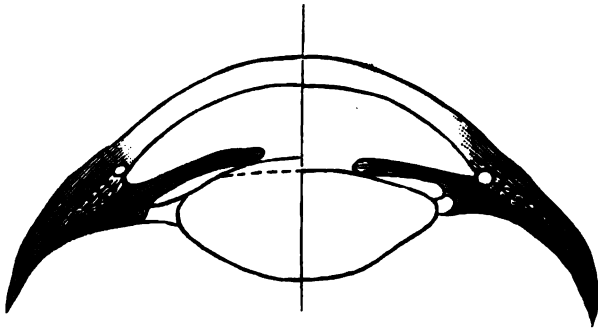


Fig. 3. Accommodation.

in the habit of doing. This condition of the eye is termed presbyopia or old sight.

From what has been stated we have learned that divergent rays of light, coming from a near object, are brought to a focus on the retina by increasing the convexity of the lens. When the substance of the lens is soft, this can be more readily accomplished than when the lens becomes denser, as it does in advanced life. Now it can be readily understood why it is, when the lens becomes hard, so that it is not able to increase its convexity, that objects near to the eye cannot be seen. If we hold the object the proper distance away from the eye, so that the rays of light are not as divergent, the lens will have convexity sufficient to focus the rays on the retina. It has been stated by high authority that presbyopia has commenced as soon as the near point is further than eight inches from the eye. This statement is of no practical value. Presbyopia has commenced when the person finds that he can no longer use his eyes with ease for near work at the distance which he has always used them. The first symptom of old sight is usually that the person cannot see to read fine print by artificial light. Soon there will be noticed a sense of strain in using the eyes for near work. This straining sensation is caused by the over-exertion of the ciliary muscle to produce the required amount of convexity in the crystalline lens. Some



people believe that this discomfort should be borne as long as possible, and that the eyes are weakened if anything is done to relieve the strain. We find the reverse of this is true, and that presbyopia will increase more rapidly when glasses are not worn than when the proper correcting lenses are used. In obtaining glasses for the presbyopic condition it is best to choose the glass which makes ordinary print plain at the usual reading distance of the patient. Every glass should be accurately fitted to the eye, so that they will not prove a source of danger to it.

It is unwise to contest with age, and I think we would be acting the part of wisdom to yield gracefully. Then when it is no longer possible to read with perfect comfort without glasses, their use should be commenced.

Hypermetropia or long sight is caused by the eye being too flat, that is, the eye-ball is not long enough from the front to the back portion. On account of this flatness of the eye the rays of

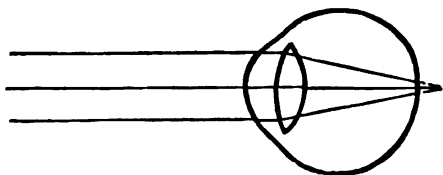


Fig. 4. Hypermetropic Eye.

light do not focus on the retina, but some distance back of it (see Fig. 4). This condition should not be confounded with presbyopia, which, as we have learned, affects the near

point of distinct vision, causing it to be removed further from the eye, while in hypermetropia both the near and far point is involved, so that there can be no distinct vision at any distance without more or less strain upon the eyes. This strain on the ciliary muscles is so great that a condition of weak eyes is frequently developed. This condition is often seen in young persons. Whenever they read, write or do any fine work, the vision is at first perfectly clear; but soon, if they are reading, the letters begin to run together and the sight becomes dim, making it necessary to stop work for a short time until the eyes regain their strength. If the eyes are constantly used a feeling of aching will be felt across the brows, which will be frequently followed by a severe headache.

Sometimes the eyes become quite red, nausea and vomiting come on, and the patient is considered very sick.

The condition of the nervous system should be noticed in all cases of hypermetropia. Children or adults with an irritable and weak nervous system cannot endure even a small amount of this trouble without great suffering. Some months ago I saw a marked case of this kind. A number of distinguished physicians in the east said that he was suffering with a serious disease of the whole nervous system. His eyes troubled him very much, especially if he read any length of time. His vision was perfectly clear at first, but after he had read a few minutes, his eyes would become blurred, misty and sometimes vision would be gone entirely for a few moments. The nervous disease became very much better soon after he commenced the use of the proper glasses.

Nearly one-half of the children of this country have hypermetropia. 523 school children out of 890 were found hypermetropic. Some of these children are considered dull and very poor students. Parents are sometimes quite severe with their children because they do not study better and keep up with their class. I have seen children that were obliged to quit school on account of the headache, fatigue, irritability and mental confusion that would come on after studying for a while. Many of these children never get an education because "going to school does not agree with them." The majority of these children can go to school and keep up with any class if their hypermetropia is properly treated. The use of the correct convex glass is the remedy for this trouble. By using these glasses the parallel rays of light will be made converging before they enter the eye, so that the muscle of accommodation is relieved of its extra work, and the focus is brought forward on the retina, which gives natural and easy vision.

Myopia or short sight is caused by the eye-ball being too long from front to back (see Fig. 5), so that the rays of light come to a focus before reaching the retina, or some distance in front of it. The posterior portion of the eye is pushed too far away from the anterior, so that there is an elongation of the axis of the organ. In some cases the eye, instead of being round, becomes egg-shaped. This trouble is one of the results of advancing civilization, and is seen more frequently in old countries than

new. It is seen more among students and literary people than among laboring persons. Myopia is very prevalent in Germany, and it is impossible to fill the ranks of the army with men who can get along without using glasses. It is not often observed among farmers and seamen. I am informed by a responsible party that Indians are never short-sighted. In most cases,

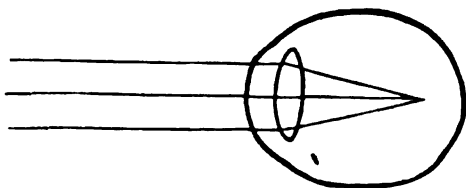


Fig. 5. Myopic Eye.

there is thought to be an hereditary tendency to short sight.

It may originate from abuse of the eyes, and be increased by close work. That it is transmitted from

parent to child is shown by its greater prevalence among those that use their eyes constantly. During childhood, when the eyes are growing and the tissues are changing, short sight will increase to some extent, even with the best of care. We find a large amount of myopia developed in the schools. Dr. Colin, of Breslau, examined the eyes of more than ten thousand school-children, and found the percentage of short sight increasing from year to year. The following table shows the average increase per cent. in each department: Elementary schools, 6.7 per cent. ; intermediate school, 10.3 per cent. ; high school, 19.7 per cent. We find the same thing in this country, and it is time some active measures were taken to prevent the sight of the American youth from being lost to such a large extent. But few school-houses are properly constructed to save the sight. Dr. Wells says: "There can be no doubt that the degree of myopia is often greatly increased during childhood by long-continued study, more especially by insufficient illumination, and a faulty construction of the tables or desks at which the pupils read and write. An insufficient illumination necessitates a close approximation of the object, which gives rise to straining of the accommodation and congestion of the eyes. A faulty construction of the tables, or of the distance between the latter and the seats, is also injurious, by forcing the children to stoop."

Dr. Cahn said: "I could distinctly trace the increase in the

proportion of the myopia according to the construction of the desks and the lighting of the school-rooms."

It is thought by some that short-sighted eyes are stronger than others, because they can see small objects very distinctly, and can read after middle-age without glasses. This is an error. A myopic eye is almost always an unsound one. The real defect is a bulging backward of the sclerotic or outer coat of the eye, which yields more readily as it becomes thinner by stretching. Anything that causes an extra flow of blood into the eye-ball will increase the pressure and force the weakened sclerotic further back. The stooping position that children are obliged to take, because of the faulty construction of the seats and desks in most of our school-houses, will cause an increased flow of blood into their eyes, and consequently an increase in their myopia. The choroid and retina are injured in following the sclerotic as it is forced backward. If the bulging backward of the sclerotic goes on rapidly, as it does in some cases, the retina will be detached from the choroid, and forced forward into the vitreous humor, where it can be seen in loose folds. Sight is now lost. This is the course of a rapidly progressive myopia. This can usually be avoided, still it should be born in mind as possible. Myopia, especially in a high degree, is a serious affection, and requires careful and skillful treatment. In this trouble parallel rays of light must be made divergent before they can be focused on the retina. By using the proper conclave glass we can obtain the desired result. It is very necessary that a short-sighted person be accurately fitted, as much harm may be done by wearing the wrong glasses. It will be well to remember that myopia may cause the eye to turn out—*strabismus divergens*, while *hypermetropia* will cause it, in some cases, to turn in—*strabismus convergens*. In *hypermetropia* the strain on the accommodation causes an excessive tendency to convergence, which terminates in a permanent turning inward of the eye. This kind of squint or cross-eye usually commences in children from two to five years of age. It will be noticed first when they are looking at some near object; soon it will occasionally occur when they are looking at distant objects; finally one eye remains permanently turned in. It is a popular idea that squint is caused by whooping-cough, measles,

or convulsions, etc., but they only act to reduce the patient, so that the strain of the hypermetropic condition cannot be borne. When there is a want of harmony in the action of the external muscles of the eye-ball, the rays of light that enter them will not focus at the same point on each retina; on this account we have double vision or see objects double. This is termed diplopia or double sight. Prismatic glasses may be used to correct this trouble. If the glasses are not used, the person will learn to suppress the image on the retina of the squinting eye to avoid the annoyance of double sight, and on account of the non-use of the squinting eye its sight will be impaired; in some cases accurate vision is lost, even though the eye looks healthy. Squint that comes on suddenly is usually the result of paralysis of one of the external muscles of the eye, and may be the result of some brain disease.

*Astigmatism.*—Every eye is more or less astigmatic, but in some eyes the degree is so slight that it does not cause any trouble. When there is a want of uniformity in the curvature of the cornea astigmatism exists. The cornea may be too flat in the vertical meridian, or from the upper to the lower portion, so that the rays of light will focus back of the proper point, while from right to left it may be too bulging, causing the rays of light that pass through this portion to be focused in front of the retina. One portion of the cornea may be correct, and the other myopic or hypermetropic.

Astigmatism may be complicated with hypermetropia or myopia, which makes vision quite uncertain. Children with myopic astigmatism are apt to be dull and slow about learning. The use of the proper cylindrical glasses by these children will brighten their intellects and cause them to see nature's beauties with much better satisfaction. One eye may be long-sighted and the other correct; one eye may be short-sighted and the other long-sighted; so that the myopic eye may be used for near objects and the other for distance.

Asthenopia, or weak-sight, is any condition in which the eyes cannot be used for a time without more or less pain, fatigue or other bad symptoms.

The eyes are unable to bear the strain of continued application to close work. Asthenopia may result from any of the opti-

cal defects that have been described above. In some cases the eye symptoms are very mild, in fact, not noticed, but the strain is manifest by nausea, dizziness, headache and general nervous irritability, which may excite some fears in regard to health in the future. Weak-sight may come from bad general health, especially if it is of a nervous character. Now and then we see a case that the sensibility of the retina is easily exhausted, so that objects looked at for a short time seem to fade away. The muscle of accommodation may act painfully or irregularly, so as to not allow much use of the eyes.

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**ART. LXV.—Special Medical Legislation.—Reply to Professor John King's Address.—By E. YOUNKIN, M. D.**

I have just finished reading the address of Professor John King, M. D., on "Special Medical Legislation," delivered before the National Eclectic Medical Association, at the Annual Meeting held at Cincinnati in June last.

Being President of the National body at the time this address was delivered, I did not feel at liberty to enter into the discussion of the subject. But now, as I am freed from official responsibilities, and as the address has been committed to the public, I take it that no evil can result from a free discussion of this subject.

It may seem to be presumption in me to call in question a single word uttered by Professor King, a man whose experience and ability are acknowledged; a man aged, the veteran of American Eclecticism, a tower of strength and eloquence; one whom we have learned to respect and honor from early childhood and pupilage.

I would not pluck one laurel from his brow, nor would I utter a word that could possibly be construed into an unkind spirit.

At the risk, however, of making myself odious in the minds of some—of being called "malignant," "anti-eclectic," "toadying to old-schoolism," "aping old-school meanness," and of becoming "anti-republican"—epithets already applied to the man who will venture a reply, I shall speak what I deem to be the truth, and let the consequences take care of themselves.

In Eclecticism we acknowledge no man as father, and take no man's *ipse dixit* as an absolute oracle.

One sentence from the author on "Special Medical Legislation" is my apology and grant for my undertaking at this time, viz.: "The liberty of expressing our sentiments and feelings by the use of tongue and pen, while we keep the peace and keep the truth on our side, is one of the privileges which we enjoy as freemen."

I want to say at the beginning of my remarks that the address under consideration is an able and manly defence of anti-legislation. Perhaps no document has ever been published more ably done than this one, and class-legislation and the intrigue of the dominant medical powers, about which it treats, never received a rebuke more severe, and yet more just. Furthermore, class-legislation fills up the greater part of the document, and it must be understood that there is no issue upon this part, and hence no censure from our pen on this point. But Professor King makes no distinction between class-legislation and general-legislation.

Class-legislation is always unconstitutional. General-legislation either may or may not be, but with one fell sweep the Professor includes it all, both class and general, both good and bad. He says, "We would have every medical statute in existence repealed, leaving every man responsible for the mischief he did."

Here then is the issue, and here lies the dangerous ground—that which is most detrimental to our cause. As much as the good Professor may plead, this latter, we must contend, was not the conception of our forefathers, and forms no part of Eclecticism.

As well might the Professor argue the repeal of all civil laws and leave every man stand upon his own accountability for his mischief done, pleading that on account of the Declaration of Independence the general laws interfere with man's personal rights and his constitutional liberty.

Moreover, we believe that our efforts should be to maintain a higher standard, and our spirit being progressive, we should not plead for the old days to return—when men practiced medicine without education and without any legal sanction. These things

were perhaps accompaniments, but they were not the integral parts of the Eclectic Reformation.

We have now arrived at that point in our history where we should be able to abide the same general laws with others, and if we are oppressed more than others, it is only because we are more illy prepared. For instance, the laws of registration are general. Why call registration "disgraceful and detestable?" How does it "cast suspicion and dishonor" on those who are required to register? Does it hurt us specially? The facts are that registration has exalted the profession and placed it on a plane where only the qualified are able to reach, and it is by such means that we are able to exclude from our own fold many who have always disgraced us as a school.

We shall charge Professor King's address:

1. *With paying a premium to ignorance.*

On this point a beautiful picture is drawn. Dr. King says, "Let us suppose, for instance, that the father of a family, the mother, son or daughter, is lying enfeebled and prostrated with some grave malady. Old-school learned, scientific physicians, holding diplomas from colleges in high standing, are called upon to save the beloved relative," etc. Finally, after having exhausted their skill, the patient is given up to die. In the midst of sorrow, when "no State Boards of Health" were in existence, Dr. G., a man without science, Latin, Greek or a diploma, is called in; he administers his remedies; the patient receives strength and finally recovers.

Now this case may be true enough, as there is "hardly a person in a community who has not encountered some such experience during his progress in life," but hypothetical cases are often fixed for the occasion. The above story sounds so much like the tales of a certain unlettered salve-maker, who travels over this part of the country, that I must confess that it sounds a little disgusting. These unlettered itinerants can tell one story after another, like the above, where they have saved patients that were treated and given up by allopaths, homeopaths, and even eclectics. Do they ever tell of the evil they do? No, this is too unnatural.

Professor King's argument here is that no law should be en-



acted to prohibit quacks from practicing. Why? Because, perhaps, in their ignorance they will occasionally be so fortunate as to have a patient get well under their treatment.

Professor King would not even have a law to compel them to attend medical colleges, or to make them study more, for he is opposed to all medical laws.

Perhaps the Professor has heard of the patient that was given up by the scientific physician, when the nurse surreptitiously fed the sick man on sour-kraut and he got well. After that there was nothing in all that country so good for disease as sour-kraut, until it had killed a number of people.

So conscious is the worthy Professor of having climbed the pinnacle where he is in danger of toppling to the side of the basest quackery that he suddenly catches himself by saying: "It must not be supposed from our statement that we are opposed to learning and science."

No, but why say this, and why is he under the necessity of repeating this last sentiment some three or four times in his discourse? Simply because the Professor feels that his argument has wedged him into the paradox, and that his weight is heavier on the side of an ignorant medical profession.

Again, in speaking of the State Board of Health in Illinois, a most sympathetic allusion is made to those who have been deprived of the rights of practice—of their "constitutional liberty and means of support."

It is true that the medical practice act compelled a large number, of all schools, either to cease their practice, to go up higher in medical education, or to leave the State.

This may have worked individual hardship in many cases, but will Professor King say that the Illinois State Board has degraded the profession? We all know that the medical profession in Illinois is on a better basis to-day than it has ever been, and in that State better than in any other, because the State Board has been more thorough than any other State Board.

The Eclectic physician that is graduated legitimately need not fear the State Board of Illinois; and the college that conforms to the rulings will have no trouble, no matter of what school of practice. But woe to the evil-doer, or him who is presumptuous

enough to think that God has fitted him, without education, to treat disease, notwithstanding Prof. King may regard this as his "personal right" and his "constitutional liberty."

2. *Dr. King's address attaches too little importance to a medical diploma.*

Can Prof. King, with his theory before his eyes, give his pupils in college any just reason for spending their time and means to obtain a diploma? He says, "a diploma is no evidence of brains, of skill, or of success in treating disease." Now, for the sake of argument, we will grant this, and then ask, why is a diploma no evidence? The answer must be, because the laws have not been sufficiently stringent, and in many States there is no law to prevent medical colleges from graduating as they please. To abolish all law—what then? Would this better the condition of our profession? No; but then every man would possess that "personal right," of which the doctor has so much to say. Again the speaker says, "Too much legal importance has been given to a diploma." The difference between us on this point is this, I claim this legal importance should be retained, and the value of a diploma brought up to a certain standard, by having laws so stringent as to punish any man or set of men, by fine and imprisonment, who would graduate men without the proper qualifications; while Prof. King would throw all diplomas to the dogs, and let every man go it upon his own "hook," as a personal right. True, he would not disparage education, but he would set up two men, side by side, to practice medicine—one educated and scientific, with the knowledge of Greek, Latin and the sciences, with a diploma, etc.; the other a miserable, ignorant fellow, with plenty of presumption and twaddle, and then the Professor would throw his influence to the side of ignorance. This is what he has done in his argument, and he has certainly paid a peculiar compliment upon his own life-work.

A diploma is valuable in proportion to the amount of labor bestowed in obtaining it, and in proportion to the amount of protection the individual has in expending his well-earned knowledge. But if the laws will allow the unlettered man the same legal status, when the public are unable to distinguish between

ignorance and qualification, the worth of a diploma falls to the ground.

Without law a Buchanan diploma is as good as one carrying the name of John King, M. D., and without law neither of them is worth the lamb-skin upon which it is written. Without law we would have men all over our country claiming as their personal right the privilege to flood our country with diplomas, and with doctors who are not doctors. Let it be remembered that our Boards of Health are seeking to make genuine diplomas more valuable and the spurious ones worthless, and hence when their work is done we shall have some evidence of brains, skill and success. To some extent they have already accomplished this work. Whether Prof. King is, or is not, in favor of this, our own National Association has declared *"that they are in favor of the legal organization of State Boards, whose chief object is to suppress traffic in medical diplomas and expel from medical practice all such individuals as dispense medicines without a legitimate right."*

Then our National Medical Association is opposed to the theory of Prof. King, and if this sentiment is an invasion or infringement on "personal rights," "constitutional liberty," or is in violation of Eclecticism—the genius and doctrine of our forefathers—we should know it, and we should abolish it.

Let Prof. King now come to the front. If the "great principle—mental freedom," means all laws abolished, and all barriers thrown down; if "personal right" and "constitutional liberty" means let every man do as he pleases, without interference of law, then our National body is wrong, "adverse, dark, malignant and anti-eclectic;" "gone back on the manly efforts of their originators;" "aping old-school meanness;" "sneakingly whining for legislation to restrict practice."

3. *I object to Prof. King's theory because it abolishes all lines between Eclecticism and the downward grade.*

The man who knows only Vinegar Bitters may dub himself doctor, and Prof. King will say, go practice what you know, for this is your personal right. The nostrum venders want no better document than the address of Dr. King, for it justifies them in their course. We shall not be surprised to hear of such char-

acters seeking to purchase this address by the thousand copies, and were it not for the laws of our State Society and National Association, every itinerant quack would couple on to Eclecticism as they have done in former years.

We have already too many loose-reined persons in our ranks, and we will have more just so soon as this gap is opened for them.

Abolish all medical laws, and our profession ends. Instead of emerging into an educated and scientific profession, we will sink into the lowest professional degradation.

We are free to admit that "this is not a warfare for the diffusion and protection of ignorance," but let the victory fall on the side of the good Professor, and ignorance will be diffused and protected. Not a warfare "for the furtherance of education and science," but if Prof. King is correct, education and science will be cast below par.

Prof. King's "personal right and constitutional liberty" is much like that of John Mesbaumer, of New York, who the other day attempted to drown himself because his wife did not love him. He was rescued, and arraigned at Essex Market.

"I thought this was a free country," said the prisoner.

"So it is," remarked the judge.

"Then how is it that a fellow can't take his own life when he wants to—whose business is it?"

"It is against the law," replied the judge, "and the punishment is two years in State's prison, and a thousand dollars fine."

"Jerusalem!" ejaculated the prisoner, "I'd better kept my mouth shut."

The only difference I can see between this man's idea of freedom and that of the Professor is that the former wanted to kill himself, while the latter allows the doctors to kill the balance. This fustian about "registration" being unconstitutional, and about a medical man being deprived of constitutional rights, when "compelled to have a medical society vouch for him," is an argument very far in the distance, and ought not to be mentioned, for it very much weakens the speaker's ideas of personal liberty. Supposing a gentleman should ask the Professor for the loan of a thousand dollars, and he, being a stranger, should become

insulted because his record and standing should be demanded. He should say to the Professor: "Sir, this is a 'disgraceful and detestable' insult, and it is an interference with my personal rights, and in opposition to that amendment of the Federal Constitution intended to prevent caste monopoly.'"

4. *I object to the medical profession being placed on a level with the lower avocations.*

Prof. King says "that grocers, bakers, confectioners and butchers are not called upon to exhibit their certificates of study or apprenticeship."

We would say that ours belongs to the learned professions. We are dealing with human life, where learning and skill are essential. The learning and skill should be in proportion to the responsibilities of the profession. Every person should know his trade. It requires some skill to be a grocer, a baker or a blacksmith. The grocer that can show no evidences of his ability to weigh a pound of sugar is soon discharged; the baker that is unable to tell good yeast from bad is not qualified for his work, and the blacksmith that knows not how to strike while the iron is hot would be discharged by his employer.

Again the Professor says: "We would remind them of the well-known fact that more positive injury, more terrible misery and disease, and a greater number of deaths are annually inflicted upon the community through drinking-saloons and bawdy houses than would or could be effected in a century by all the uneducated physicians in the United States, and yet they asked for no legislation."

This defence for personal freedom and for ignorant physicians is very complimentary and peculiar. Now, because vice and immorality are not put down, the medical man ought not to be restricted or made to qualify; as if two wrongs could make one right. But legislators have been battling with these evils. Though they have not been suppressed, they are to some degree regulated. The saloons and bawdy-houses, like the devils of old, cry out, "Let us alone; what have we to do with thee?" Or, like our good Professor, we want our "personal rights" and our "constitutional liberty." If the Professor draws a comparison between the medical profession and groceries, saloons and bawdy-houses, he must stand the same parallel.

5. "*Eclecticism is a principle, rather than a policy.*"

We believe in this and we shall live by it. The great principle is "mental freedom," but our conceptions of what this consists in seem to differ from those who seek to oppose all law.

Our ideas upon this subject are truly American. We believe that we live in a free country. Yet our country is supplied with a constitution and laws for the government of its subjects. Life, liberty and happiness are principles belonging only to those who abide by the law. This is American liberty. More than this is lawlessness, and is punishable by the laws of the land. It is right that it should be so, and it would be oppression to have it otherwise. No interference with mental freedom here. Thus it is with American Eclecticism. We have certain standard principles of right, and we have laws governing the conduct of us all.

It is said that those who make this issue make it with the "fathers of the Eclectic practice," and "against the constitution and cherished doctrines of the National Eclectic Medical Association." We think otherwise.

The constitution of the "National," the constitution of the United States of America, the constitution of the several States, and the laws enacted in conformity with them, assure and *protect* this "right of medical practice." But some say, "we need no protection," our constitution to the contrary notwithstanding. We are in harmony with the genius and spirit of Eclecticism. If we differ from that of the past, it is because we are progressive. The man who will linger in the ruts of yore will be left, and soon he will awake to find himself far behind the times.

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**ART LXVI.—Mother's Marks.\*—**By T. HODGE JONES, M. D.,  
LAMAR, MO.

The causes of mother's marks and of deviations from the natural growth of the child in utero are yet uncertain. In the reported transactions of the St. Louis Medical Society (*St. Louis Med. and Surg. Jour.*, for Dec. 1882) several gentlemen expressed themselves for and against maternal emotions and

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\*Read before the E. M. Society of Missouri, at Carthage, June 18, 1883.

impressions acting as direct causes of marks and malformations. There seems great difficulty in reasoning how some things occur, and many persons are slow to believe without proof in reason. No one will deny that many cases of marks have been coincident with maternal emotions. There are also instances of malformations where no impression on the mother can be alleged. We are not justifiable in denying all that does not appear demonstrable, neither can we rely on every seeming fact. It is a common habit of mind to reason from cause to effect, or from the effect back to a cause. Sometimes one cannot arrive at the cause nor effect, yet a truth may stand ascertained.

Are we to keep a silence until the solution is accomplished by accident, or may we proceed, with the realized truth, to search out a cause by comparison, analogy, theory and experiment? Who of you have not witnessed strangely coincident happenings in cases of fright of the mother, and marks or malformations in her offspring?

Hundreds of well-established occurrences having the semblance of cause and effect have been recorded. It may be the mother's thoughts, emotions, passions and fears have an influence on her babe yet unborn. Some authors have attempted to prove by the physiologic relation of the mother to her child in utero how these results are brought about.

Others have appealed to the same argument to disprove the idea that the mother has such an influence. We conclude the subject is yet open for discussion, and seek only the truth. All admit the power of fright as a cause of miscarriage.

Dr. Dalton says that it not unfrequently happens that nervous shock excites "contraction in the muscular fibers of the pregnant uterus," causing abortion. Here the effect is on the mother, which results in the expulsion and destruction of the child. Suppose the case had not culminated in abortion, but that the mother had fainted, experienced great exhaustion, remained feeble a few days, and recovered her strength. Now if at the end of her term this woman gives birth to a child bearing marks of resemblance to the object of her fright, we are almost ready to say this is the effect of that fright.

A lady in Bellevue Hospital, N. Y. (so extensively published),

who was eight months enceinte, received a severe burn over a great portion of her body, which proved fatal, but before death she gave birth to a child.

If we stop here, it is easy to explain why the shock of the pain might hasten labor, but we are told that the child sustained injuries almost the counterpart of those on the body of the mother. Mention is made of this case because some authors, who admit the power of maternal impressions on the fetus, claim that such influence must be made early in the embryonic state. (Clapperton in *Obstetrical Jour. of Gt. Brit. and Ireland*, vol. II., p. 423.)

It is not unfrequently the obstetrician is told by his patient, prior the time of her delivery, what foreboding she has concerning her infant. A citation by Dr. Maughs, of St. Louis, is to the point.—(*Pro. St. L. Med. Soc.*, Oct. '82.)

A very intelligent lady, in the early stage of pregnancy, had a dream that woke her in a fright; "she awakened her husband, and told him that her alarm was on account of having dreamed that she had given birth to a hermaphrodite." At full term, when her child was born, the first question she asked was "whether it was all right." The babe was brought to her, examined, and—"lo! it was a hermaphrodite."

A circumstance is still clear in my remembrance which happened in my own practice. In 1879, Mrs. R. came to me, making anxious inquiry whether or not any evil results might follow a fright she had received; she was then three months gone, and felt uneasy lest her child should be marked. I endeavored to dispel her anxiety, and cause her to feel satisfied.

Nothing would conquer such vivid impressions like those with which she had been seized. A few months later her husband consulted me about his wife's condition. I gave him a placebo, with positive orders to follow directions.

No good came of that plan—the case went on to miscarriage in the sixth month. The peculiarities are, the fact of the mother being frightened at a pig that had been slaughtered, and one shoulder taken off, by way of division among owners, and that when her babe was born it had only one arm.

Dr. Dalton says: "We know very well how nervous im-



pressions will disturb the circulation in the brain, face, lungs, etc., and the uterine circulation is quite as readily influenced by similar causes."

From the anatomy of the parts, we understand there are two sets of blood-vessels, so closely entwined in the placenta as form a net-work for the circulation of fetal and maternal blood—that of the fetal current bearing much the same relation to the maternal current that the blood in the pulmonary capillaries has to the air in the air vesicle. Hence, whatever disturbs or arrests the circulation through the maternal vessels of the uterus must interfere with that of the fetal capillaries forming part of the placenta. Since the fetus derives its nutrition wholly through the placenta, it is directly influenced by any such disturbance, and suffers in proportion to the placental excitement.

Dr. Carpenter states (p. 744): "There is abundant evidence that a sudden and violent excitement of some depressing emotion, especially terror, may produce a severe and even fatal disturbance of the organic functions, with general symptoms so as to strongly resemble those of sedative poisoning, and make it highly probable that the blood is directly affected by the emotional state through nervous agency.

Now, if the life of the fetus is sustained by the blood of the mother, through the arrangement of capillary vessels in the placenta, and these changes occur in the maternal blood, have we not one probable cause of many of the phenomena to which I have referred? Dr. Dalton remarks: "It is through the placental circulation that those disturbing effects are produced upon the nutrition of the fetus which result from injuries inflicted upon the mother."

It is said that children begotten while their parents are drunken are liable to be affected by the state of intoxication in the parent (see Dr. Carpenter, p. 782). Then if we note transmission of character that is unnatural to either parent, because at this time of unnatural excitement it happened the parents met in sexual congress, is it going too far to say the subsequent conditions of the mother may further modify the offspring? Dr. Carpenter further states, speaking of the maternal blood: "That if the condition of this fluid, in relation to her own processes of

nutrition and secretion, is subject to very marked influence from her own mental states, it cannot fairly be thought improbable that the developmental processes of the embryo should be powerfully affected by strong emotional excitement on her part." Finally, I quote from Dr. Dalton: "There is now little room for doubt that various deformities and deficiencies of the fetus, conformably to the popular belief, do really originate, in certain cases, from nervous impressions, such as disgust, fear or anger experienced by the mother."

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**ART. LXVII.—Fever.—BY DR. NEDLEE.**

Having a little leisure time, I propose, if it meets your approval, to write a few lines for your journal. At this time of the year in the Southwest many of the cases met with by the country practitioner are of the so-called bilious remittent or typho-malarial fever. I have practiced in Texas, Arkansas and Missouri since 1865, and treated hundreds of such cases during that time.

My experience has been, in this class of cases, to first produce an action of the liver, or carry off the surplus supply of bile, which may be done with several different remedies, according to the judgment of the practitioner. I generally give a good cathartic, and in the adult say five grains sulphate of quinia, combined with two or three grains of powdered cloves, and add from one-sixth to one-eighth grain sulph. morphia; if the patient does not bear the quinia well, or chinchonism is easily produced, also the following is given: Nit. potas., pulvis opii et ipecac, co-equal quantities, say from three to five grains each. I commence with the quinia immediately, and alternate with the other every hour. In the morning, about day-light, commence with the quinia an hour after one of the comp. ipecac and opium powders, and so on through the day. I do not stop the quinia when the fever rises, but *continue it, fever or no fever*. In this manner, after one day's treatment like this, the patient will find, though somewhat weak, his fever is all gone. I think, from my experience of over twenty-three years' practice, you will find no case present any symptoms of continuance after twenty-four hours' treatment in this manner. As a matter of

course, if any complications are present in the case, they will have to be attended to as the judgment of the physician may dictate. One reason why this mode of procedure is successful is that the kidneys and skin are set to work and assisted to eliminate the fever-poison rapidly.

*Do not be afraid to pile in the quinine rapidly because the fever rises*, but continue just the same as though there were *no fever*. I believe quinine acts better during the febrile condition than when it is off. Regulate your dose of the quinine to suit cases; in many five grains will be too large; if so, reduce it.

If you want to keep a patient on hand, so as to make a large bill, don't use the above, for it will not pay. Try this plan if you want to get your patients up rapidly, and you will be surprised, as well as find a pleased patient on your return. As a matter of course, after the exacerbations are broken up, your judgment will dictate the necessary tonics, stimulants, etc., which follow to put the case on foot again.

Diet will have to be attended to, and in no case allow the patient to eat *trashy green fruits* or "garden sass" for a while after—no potatoes especially, watermelons, etc.

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**ART. LXVIII.—Clinical Reports.**—BY DR. L. W. GARRISON,  
SUE CITY, MO.

Was called at 9 o'clock A. M. to attend two cases of acute poisoning by the stinging of the honey bee—Mr. A. J. Edwards, aged 57 years, and Mrs. Hubbel, aged about 50 years. I found Mr. Edwards suffering a severe nervous shock. I ordered a strong solution soda water at once, and applied aqua ammonia freely. Internally gave diluted alcohol,  $\frac{3}{4}$  to each patient, and: R.  $\frac{1}{3}$  water; 20 drops Norwood's tr. veratrum; 15 drops tr. aconite. Mix. Give a teaspoonful every five minutes. Removed the stings, as many as could be found. Patients rallied in one hour. Parties were stung four or five hundred times apiece. I had to use counter-irritants to stomach of each patient. I have treated snake bites time and again, but I never saw anything so active before in my practice. Mr. Edwards is in poor health, and is a cripple from rheumatism. Both patients are doing very well.

**ART. LXIX. — An Unsuccessful Case. — BY S. W. MORELAND  
M. D.**

A few days ago I had a case which, for want of a better name, I'll call pernicious intermittent. It terminated fatally. I am anxious to profit by my failure, hence I'll report the case, and ask for information.

Was called to see the patient, a young man about twenty-two years, the evening of Oct. 5th. Found him as follows: Temperature, 106° F. in axilla; pulse, 140 to the minute, moderately strong; breathing, 48 to the minute and difficult; skin dry; pupils natural; tongue with a few dark spots on it; spleen considerably enlarged and tender. Learned from the family that he had been living several years in the swamps. Had been chilling occasionally for several months. He walked about four miles to town the morning before I saw him, and while there he took a chill, and had to be brought home in a wagon.

I commenced giving him a combination of aconite and veratrum, half drop of each every hour; also had his body sponged with cold water. Left, with orders to commence giving quinine as soon as fever cooled.

Next morning a messenger came, saying the patient was growing worse. I hastened to the house, and found temperature normal; pulse, imperceptible at wrist; breathing, hurried and labored; surface of body, cool; pupils, dilated; patient very restless; constantly complained that he could not get his breath.

I applied heat to the body; had the surface sponged with red pepper tea; administered internally belladonna, aromat. sp. am. and quinine, in four grain doses, every hour. I learned from his parents that the fever was high till about an hour before day, when he got over the chamber, and the fever seemed to go down all of a sudden. Well, under the last mentioned treatment the pulse soon improved, breathing grew easier. I left the patient, with a promise to return that evening.

It was about 3 P. M. when I again saw him. He then had a burning fever; learned that at 9 o'clock, half an hour after I left, he took a hard chill, which lasted one hour. Temperature, when I saw him at 3 P. M., was 106° F., and still rising; pulse, strong; pupils, dilated; patient, restless; breathing, still hur-

ried and difficult. I gave, internally, aconite and belladonna, half drops of each every half hour. Poured cold water on head and back for five minutes; again took the temperature, and found it reduced two degrees; but in an hour it was as high as ever. I then stripped him, and placed him on the floor, and applied the cold wet pack. He was perfectly conscious—had never been any other way. Expressed himself as feeling better under the cold pack; breathing seemed to improve; he had not been on the floor over five minutes, when I noticed a slight twitching of the muscles of the arm; I asked him if he felt chilly; he replied in the affirmative; I immediately removed the wet pack, and threw a dry covering over him, but he was dead in two minutes after I first noticed the twitching of the arm. His features were contorted for a moment, like one in a convulsion, and he was gone.

Now, Professor, what was the matter with this patient? What do you think of my treatment? What did I leave undone that should have been done? Did I do right in applying cold water? Please answer through the JOURNAL. I feel great interest in the case, as I don't know how soon I may meet a similar one.

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### ABSTRACTS.

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#### **Mrs. Winslow's Soothing Syrup.\*—By A. B. HIRSH, M. D.**

With the object of adding my quota to the list of serious accidents resulting from the indiscriminate sale of secret medical preparations, I have gathered the notes of the following case:

Mrs. A. H. L. took her 20-months-old boy to visit some friends, and, while there, they (all unknown to her) fed him some unpeeled apple and other indigestible material. Being colicky all that night and next morning, she was persuaded by a "friend" to purchase a two-ounce vial of the nostrum sold as "Mrs. Winslow's Soothing Syrup," and of this gave him half-teaspoonful doses, as the directions called for, although she insists half of each quantity was spilt through his struggling.

He took, therefore, the first dose at 4 o'clock on Sunday after-

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\*Read before the Philadelphia County Medical Society, Sept. 17, 1884.

noon (Aug 24), and, there being no effect, another at 8; then dozing, but not sleeping, from this time till 3 next morning, the pain starting him again to whining, he was dosed at 5; still crying on, three-quarters of an hour later the final similar amount was administered. The mother soon became alarmed at the marked stupor which now set in. He would touch none of the breakfast placed before him, Mrs. L. said; although sitting upright in his high chair, his head hung listlessly and he recognized nobody.

I saw him at 7:45 A. M., and found marked symptoms present of poisoning by some narcotic drug. The pupil was contracted down to the typical pin-head; stupor was unmistakable; respiration was very slow, gasping and shallow, while at irregular intervals he would take two or three rapidly succeeding deep sighs, while the pulse was rapid and small; the extremities were cold throughout the case. Taking all these symptoms into consideration, and the fact that the breath bore the peculiar odor of an opiate, I felt warranted in treating the case for one of poisoning by some preparation or derivative of that drug.

The stomach and bowels were emptied at once; frequent cold sponging was ordered, with wet cloths placed on the nape of the neck whenever great trouble existed in keeping him awake. Tr. belladonna was given hourly, in aqueous solution. The parents were directed to keep him awake by all means.

By noon he would begin to lift the eyelids a little, but relapsed into a sort of doze by 2 P. M. Despite all their efforts, he fell once more into a stupor by 6. Calling about this time, I insisted on the mechanical exercises being continued, feeling encouraged by the somewhat improved breathing and that I succeeded a little while later in arousing him. As the pupil had now slowly begun to dilate, the medicine was ordered to be given every half hour, or twice as often as before. By 11 he began to lighten up, and, on calling half an hour later, I found him languidly trying to push his ball around the table upon which he sat; the pupils were widely dilated and respiration free. He was allowed to sleep with slight interruptions from midnight until 6 A. M., after which the child showed his great thirst by frequent demands for ice-water. Incoördination of the voluntary muscles now became noticeable, and continued until next morning. A

typical belladonna rash was now likewise beautifully shown, also to disappear in time. He slept about two hours about noon, being exceedingly irritable afterwards, but, excepting the use of a tonic, required no other treatment.

As stated in the beginning of the notes, this case is merely placed on record to help to expose an existing evil, believing that continuous agitation will finally induce the intelligent public to demand the regulation of the sale of patent medicines; a fact concerning which there never was any doubt in the profession.

A fatal result would inevitably have here occurred had no treatment been instituted, and I feel convinced that many such cases happen in our midst, which should be reported; incidentally conversing with both Drs. Schoales and Blackwood, I heard of such cases occurring in their respective practices, and should be glad to hear more fully of those from the gentlemen.

The case is the more pertinent at this time, when any fakir or shopkeeper may legally retail unlabeled poison in the guise of patent medicines, while one of our inconsistent laws is now being so interpreted as to inform the patient that, in nine cases out of ten, his doctor has prescribed him medicine containing poison.

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### **Vaginismus.**

The following case, which was recently placed under my care for treatment by Dr. Mills, may be cited as evidence in favor of the views expressed above:

Mrs. X., aged 25 years, married three years, no children; until her present trouble has enjoyed good health, with the exception of an attack of yellow fever two years ago; menstruation has always been regular and not painful. During her first year of marriage sexual connection was normally performed; after this the act caused pain, which increased to such a degree that for the past year connection had seldom been attempted. Her general health has suffered very much; she is emaciated, nervous, dyspeptic and greatly depressed mentally. For many months she has been under medical treatment, but has steadily lost ground, and is gradually drifting into a state of a confirmed invalid. Examination of the genitals presented all the symp-

toms of vaginismus. The hyperæsthesia of the vulva and vagina was very evident upon the slightest touch, and any attempt to introduce the finger into the vagina occasioned most severe pain, and gave rise to spasmodic contraction of the muscles. By carefully separating the nymphæ, in order to ascertain if there existed any visible lesion of the parts, several very small linear rednesses were observed; these were the only local indications of any kind which could be found. Complete muscular relaxation and anæsthesia being produced by the administration of ether, I introduced two fingers from each hand into the vagina, and forcibly stretched the orifice; a large tampon, three inches long and three inches in circumference, thickly coated with belladonna ointment, was passed into the vagina, and allowed to remain in position for twenty-four hours, when an ordinary bivalve vaginal speculum was introduced, and the blades slightly separated. This manipulation was repeated every day for six days, gradually increasing the the distance of separation of the blades of the speculum until they reached their greatest division. At no time after the forcible stretching of the vaginal orifice was there ever observed any muscular spasmodic contraction, either upon examination of the parts or during the introduction of the speculum. At first the introduction of the speculum occasioned some pain, owing to the lacerations of the mucous membrane, which was caused by the stretching; this, however, only lasted three or four days, and one week after the operation the patient was discharged, all of the symptoms of vaginismus having disappeared. I have since heard from the husband, who reports everything has continued very satisfactory both to himself and wife.

In analyzing the above case, I think it will be found to present, in a very distinct manner, a confirmation of the local nature of the lesion in vaginismus. A young, healthy woman marries; after a certain time she complains of pain during sexual connection; later her general health suffers, and she presents all the symptoms of an existing vaginismus. Examination shows the objective symptoms of this affection, and reveals a local lesion, which, it is true, appears very insignificant, but, I believe, at times sufficient to determine the disease. The law formulated



by Boyer, which says, "When a muscular layer is found covered by a mucous membrane, and the latter becomes inflamed, the underlying muscular fibres may become the seat of spasmodic muscular contraction," may very properly be applied to the lesion found in this case. Finally, we have a treatment exclusively local, directed to the cure of a local lesion, resulting in recovery of the patient.—Dr. Simes in *Polyclinic*.

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**Typhoid Fever.**—By F. M. BRANTLEY, M. D.

Unlike many other ills this is specially obnoxious to cathartics. Laxatives are often admissible and I dare say beneficial in the early stages of the fever, but are wholly interdicted later, but emollient enemata may be tolerated almost through the whole course. I have often seen patients who were convalescing turned back several days by one moderate evacuation induced by the mildest aperient, the pulse rising from 80 to 120, and remaining up for many days. This phenomena is not to be wondered at when we regard the pathology of this disease; the enteric lesions are too dangerous to be tampered with and can ill afford to be disturbed. Much suffering may be prevented and many dangers be avoided by a judicious and cautious treatment and regimen. A large proportion of cases need such diet as is nourishing and free from irritation, taken in small quantities and at stated intervals, and when the stomach is empty gum arabic will suffice to allay gastric irritation and keep the tongue soft and moist. To procure rest, especially at night, four or five grains of camphorated powder will insure rest and ease; the formula I use is 300 grains each of camphor, creta, preparata, pulverized licorice root, and 17 grains of sulphate morphia thoroughly mixed. To reduce the excess of animal heat nothing beats cold water applied externally with a sponge, this will control the heat most effectually. Another desideratum is to reduce the action of the heart and hence the number of pulsations. Norwood's veratrum has long been used for this purpose with varied effects and often unsuccessfully, its irritating properties often produce nausea to such a degree as to prevent its use altogether, and many medical men have almost dispensed with its use, especially in this disease.

Now after long years of observation I come to venture a sub-

stitute for veratrum, which has called forth this communication—that *brandy* is the *remedy*. I have to say that when properly administered it is the safest, surest and most effectual remedy; in doses from 6 to 30 drops given regularly every two hours, it will almost invariably reduce the pulse in a few hours from 120 to 80. Its effects are so marvelous that I was long in accepting the results from the use of the spirits. It appears to supply the system with the necessary carbon, and in a great measure relieves the tissues and supplies material for the disease to prey upon. Although prejudiced in the extreme to alcohol, I am forced to make terms with it in this ailment, and I think that it is rarely necessary to give over 10-drop doses; its use indiscriminately doubtless has often proved worse than useless in the treatment of typhoid fever. The tympanites so often complained of and for which turpentine and many other nauseating remedies, together with blisters, have so often been used, is ordinarily nothing but wind or gas in the large bowels and can be expelled and prevented by carminatives. This concludes all that I have to say on this subject at this time.—*Atlanta Medical and Surgical Journal*.

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### **Dropsy Rapidly Benefited.**

In the June number of the *New England Medical Monthly* is a highly interesting and very instructive article, p. 400, by Dr. Ross, entitled "Curative Effects of Hydrate of Chloral in Albuminuria;" two cases are referred to. I venture to make the following offering, as of a cognate nature.

Mrs. E——, a large, previously powerful Irish woman, remained after her last confinement for four months in a debilitated state, gradually sinking to a low standard; her husband, who came for me, could not describe symptoms in detail, but said that two attending physicians had given up the case, they saying that nothing more could be done; to satisfy him, I went, but as he described her to be in such a low condition, I took with me some real Spanish wine, imported, of the name "Bene Carlo," to administer as a stimulant pending investigation.

Debility had induced dropsy in four locations. I cannot describe my case better than by literally copying the words in the

*Monthly*: "A woman who did not seem to regain her strength after her last confinement. Dropsy set in; both legs were very œdematous; breathing very short and difficult. The lips cyanosed and pulse extremely weak;" the urine I did not examine, being sufficiently satisfied with ocular general inspection, auscultation, etc.

Besides œdema of the legs, there were ascites, hydro-pericardium and hydro-thorax. Something had to be done quickly; aspiration and punctures not being indicated as measures affording permanent relief, I exhibited one pill of elaterium, containing one-sixth grain. The patient was in such a weak condition, and apparently so near death, that some advisers would have doubted the propriety of exhibiting such a powerful drug as elaterium. In the administration of medicines, as well as in operative procedures, advisers very properly are swayed often in their judgment by concomitant circumstances; still there confront us ever and anon, instances where we have to act rapidly and in a contradictory manner; such acts as these latter are chronicled of locomotive engineers. The woman in question was of a large frame and muscular; if she had been a "delicate woman," like the case in the *Monthly*, I think I should have hesitated in administering the elaterium. The drug acted violently, by emesis and catharsis; the next day she was well, the four dropsies having disappeared. She kept well for four years, that is, had no return of dropsy. She then had the same collection of dropsies as at the first; the same treatment dissipated the water. Two years afterwards the dropsies reformed; the same treatment was as usual effective. In another year dropsy returned; I was at that time disabled from attending to my patients; instructions were not properly carried out, and she died. On each return of dropsy, I might have employed some new remedy, but in urgent cases we should not trifle with our patients, losing valuable time, but give what we know to be useful. Some years ago I was about to amputate a breast for cancer, when a druggist thought it was absurd to use the knife when cundurango was at my command. As that root at that time was very high-priced, I believe one hundred dollars a pound, I advised him to sell as much of it as he could within the next six weeks. He thought

it very hard that the patient should be cut; I thought it still harder that the patient should waste her time and hard-earned money buying and taking cundurango.

*Dangerous Lactation.*—Some years ago I was requested to see a woman who had been given up by two medical advisers. The patient, in a normal condition, was a strong, stout woman, but now, two weeks after confinement, experienced very frequent fainting fits; a large number of medicines had been prescribed, with no benefit. To satisfy her husband, I went, and almost immediately saw that the trouble was hyper-lactation. As the woman was as weak as she could well be, compatible with life, I surmised that medicines would only make her weaker. Before doing anything, I exacted and stipulated implicit obedience to whatever might be ordered. This being accorded, I ordered the child to be weaned; this seemed to the family a very hard-hearted measure, tantamount to the death of the child, because they were poor people, not belonging to the circle where “condensed milk” is looked up to with veneration. I presumed the life of the mother to be of more importance than that of the infant. As a blind, I threw in, give her half a bottle Guinness’ stout, noon and night, for a fortnight; at the end of a fortnight, and not sooner, I would come and see her. At the expired time she was well.

The principle underlying the above treatment was turning the stop-cock at the main. I may add that the child did not die.

NEW YORK CITY.

C. E. NELSON, M. D.

—*New England Medical Monthly.*

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### **Horsford's Acid Phosphate vs. Dilute Phosphoric Acid.**

October 1st, 1881, I began a series of comparative studies of the effects of the Acid Phosphate (of Horsford) and the Acid Phosphoric of the U. S. P., which has been continued up to April 1st, 1882, a period of six months. These studies were made on nineteen selected cases of inebriates and opium cases; patients who resembled each other very closely in natural vigor, degree of degeneration and disease. The plan pursued was to begin the use of the Acid (Horsford's) about two weeks after admission, when all the active symptoms had subsided, and con-

tinue its use for six weeks, then after an interval of one week try the U. S. P. Acid for an equal length of time. In meantime noting the pulse, weight and general condition of the patient every day. Reversing the order in other cases, that is—U. S. P. Acid first, then Horsford's Acid last. The difference in every case, after excluding all possible complications, was very prominent, consisting of increased nerve force, improved heart action, lessened nutrient perversions, and a somewhat remarkable change in the *delusions* and *insomnia* present in *many cases*. The memory and all the *mental* operations were visibly strengthened—in one case the patient could not write to his wife, or concentrate his mind on any topic, unless he used a small dose of Horsford's Acid; the other acid would not answer, and although he did not know the difference, it had not the same effect. My studies are not yet complete, because they do not cover a large enough field, or cases that are treated long enough. But I can say, at this time, that I think the following facts are already indicated from this limited study:

*First*—Horsford's Acid Phosphate is a remedy of great value in inebriety and opium-taking, particularly in building up functional energy and brain force.

*Second*.—It exceeds the U. S. P. Acid in every case where this may be indicated.

*Third*.—As a nutritive medicine, so far it seems unequalled in its power of restoring the building up forces of the body.

I have gathered some data from which, with further study, I hope to reach some conclusions which may be stated with great confidence.

T. D. CROTHERS, M. D.,

Physician and Sup't of Asylum at Walnut Lodge, Hartford, Conn., for the Treatment of Inebriates and Opium Cases.

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### Tongaline.

FAIRBURG, ILL., March 10, 1884.

Have had an opportunity of testing Tongaline in several cases of neuralgia. It is very seldom that I give laudatory notice or praise of proprietary medicines, but from my experience with Tongaline feel justified in saying it has given me perfect satisfaction.

C. B. OSTRANDER, M. D.

## EDITORIAL.

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### Important Events of the Day.

Within the past month the National Conference of the State Boards of Health met in St. Louis; and the Public Health Association of America met here also. About the same time, the State Board of Health of Missouri held a regular meeting, the Eclectic Medical Society of Missouri met in St. Louis, the American Medical College commenced its regular annual session, and the *Georgia Eclectic Medical Journal* commenced a search for somebody to go with our Prof. Younkin to commit suicide. These are all important items, especially the last one mentioned. We are glad our Georgia friends are so thoughtful, for we have no time to fool away. Success to you, for there is some comfort in knowing that we shall have company even in the hour of death, but we don't want to die from the effects of "uria." (?)

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### The Schussler Tissue Salts.

It is even marvelous what can be done with these remedies. I have been testing them for some time, and have already established, to my own satisfaction, the great advantage of them in many cases. The great wonder to me is, why there has not been more said and written about these remedies, in medical journals especially. To the best of my recollection, I have never seen a mention of them in any of my exchanges. Some time in the near future, I mean to give my readers my experience with these triturations. For the past two or three months, I have been overworked, and have not had the time for writing that I would like.

**Selim—My Faithful Old Horse.**

My faithful steed! my long-time friend!  
Now old, alas! and near your end:  
No more companion of each day;  
No longer full of fire and play.

Through cold and snow and mud and rain,  
We've earned a many a purse of gain;  
And oft all night, till morning dawned,  
We never slept—we only yawned.

Your arching neck, and flowing mane,  
Your speed of travel o'er the plain,  
All sobered now—age creeping on,  
And all your faithful service done.

Now you are old, my faithful steed,  
You ne'er shall want for shelter, feed;  
For all the good done in the past,  
You shall be cherished to the last.

You may not quite realize it,  
But *my* heart is set upon it;  
Let come what may, I'll be with you,  
For you were always good and true.

You shall not suffer the disgrace  
Of sinking to a lower place;  
No darkie, to his rubbish cart,  
Shall harness you, to break your heart.

But where cool, limpid waters flow,  
And where the juiciest grasses grow,  
In pastures green, 'neath shade of trees,  
Go roam at will and take your ease.

And when your days with us are o'er,  
And you can hear my voice no more,  
I'll give you decent burial near,  
And hold your memory ever dear.

E'en then, old friend, we'll meet again,  
Perchance on some Elysian plain;  
*A soul* shines through your sparkling eyes—  
*A faithful love*.that never dies.

OCT. 13th, 1884.

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*BOOK NOTICES.*

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THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. Including those Recognized in the Pharmacopeias of the United States, Great Britain and Germany, with Numerous References to the French Codex.—By Alfred Stille, M. D., LL.D., Professor-Emeritus of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania, and John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Third Edition. Thoroughly Revised, with Numerous Additions. With three hundred and eleven illustrations. Large 8vo. Pp. 1,755. 1884. Philadelphia: Henry C. Lea's Son and Co. Cincinnati: Alfred Warren. Price, \$8.00.

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HOOPER'S PHYSICIAN'S VADE MECUM. A Manual of the Principles and Practice of Physic. Tenth edition. By Hooper. Revised by Guy and Harley.

This is the May number of Wood's Library for 1884. Wm. Wood & Co., New York.

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DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART.—By Constantine Paul, France.

This is one of the very best standard authorities upon heart disease. It is the March number of Wood's Library for 1884. An excellent book. Wm. Wood & Co., New York.

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PRACTICAL MANUAL OF OBSTETRICS.—By Dr. E. Verrier. This is the April number of Wood's Library for 1884. Wm. Wood & Co., New York.



YEO'S PHILOSOPHY A Manual for Students. Just Ready. 300 carefully printed illustrations. Full Glossary and Index.—By Gerald F. Yeo, M. D., F. R. C. S., Professor of Physiology in King's College, London, Small octavo.\* Pp. 750. Price, cloth, \$4.00; leather, \$5.00. P. Blakiston, Son & Co., Phila, Pa.

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### *MISCELLANEOUS PARAGRAPHS.*

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#### **The Texas Eclectic Medical Association.**

The annual meeting of the Texas Eclectic Medical Association will be held in Dallas, on the 10th of December, 1884. It is most earnestly requested that every Eclectic physician in the State, who possibly can, will attend. The prospects are that the attendance will be large. The St. George Hotel will be headquarters for the delegates. The meetings will be held in the parlors of the hotel. It behooves every energetic Eclectic physician in the State to be present. The invitation embraces all who are the friends of liberal medicine. There are many subjects of importance to come before the Association—such as medical legislation, ethics, etc.—and we wish all to come; they will be made welcome, and given the right hand of fellowship.

J. N. ADKINS, M. D.

A. H. COLLINS, M. D.

J. E. A. BALL, M. D.

J. W. HOOTEN, M. D.

J. M. WILLIAMSON, M. D.

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#### **What is the Best Treatment for Consumption?**

Having used McArthur's Syrup of Hypophosphites for more than a year, I would like to report to you one case in particular. In June last I was called to see a young man, age 18, whose mother and one brother had died from phthisis. I found him suffering from severe pleuritic pain, night-sweats, severe, distressing cough, and profuse expectoration, characteristic of first stages in phthisis, tongue coated, pulse 128 to 130, temperature 104° at night, profuse crepitus in lower half of left lung, dull-

ness on percussion over almost entire left side, intercostal depressions marked in left mammary, extending backwards into left axillary region, no appetite, and general facial expressions of rapid emaciation, etc. I began the use of McArthur's Hypo. Comp., and continued it four months, using some other means for night-sweats and such other conditions as seemed to require attention. To-day the young man is about the farm doing light work, appetite excellent, no cough, no night-sweats; the wasting of lung substance is arrested, leaving dullness in left lower lung, vesicular murmur gone, but the disease is temporarily arrested at least, and he has increased his weight forty-three pounds. With care I expect to get him through the winter in good shape, and possibly a permanent recovery may ensue. I have used the Syrup in five other cases during 1883, with gratifying results.

. Very respectfully,

CHARLES F. BRANCH, M. D.

Sec'y Board U. S. Examining Surgeons.

Coventry, Vt.; Office of Board, Newport, Vt.

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### ***Hydrastis Canadensis.***

The *Lancet* states (without giving the source of its information) that M. Schatz has employed a fluid extract of this drug in fifty cases of uterine hæmorrhage due to various causes. The results have been very satisfactory in about two-thirds of the cases. Metrorrhagia due to fibroid tumors, post-puerperal metrorrhagia, and menorrhagia about the time of puberty, were the affections most readily relieved. The fluid extract was given in doses of twenty drops, three times a day. The treatment was begun a week or more before the commencement of the period of menstruation. Under its influence the duration of the catamenia was diminished and the blood discharged was lessened, and in some cases there was actual suppression. M. Fellner has investigated the physiological action of the fluid extract of *Hydrastis Canadensis* on dogs, and attention was strictly confined to the vessels, heart, small intestine and uterus. In large doses (two to five grains [*sic*]) the fluid extract injected directly into the veins momentarily raises the intra-vascular pressure; but this first phase is soon followed by another in which the

blood-pressure sinks permanently below the normal level, and death may ensue. When doses of 1.2 to 1 gramme [*sic*] are employed in the form of hypodermic injections, the lowering of the blood-pressure is less pronounced and takes longer to appear, but it is still persistent. At the same time the elevation of the intra-vascular pressure lasts a longer time. In still feebler doses the initial effect is, on the contrary, a diminution of the blood-pressure of very short duration; and a secondary effect is an elevation of the blood-pressure, which persists indefinitely. When a number of minute doses are injected in succession, the final result is the same as with a single dose. The subcutaneous injection of a strong dose (two grammes) determines, first, a transient decrease in the blood-pressure; this then passes away for a brief period, to be again followed by a fresh lowering, not in a continuous fashion, but by a series of well-marked oscillations. The results are the same when the drug is given by the rectum or stomach. Previous section of the splanchnic nerves does not appreciably modify the effects produced by intra-venous injection of small or large doses of the fluid extract. The same fact holds good of compression of the abdominal aorta. Section of the cervical portion of the spinal cord does not stop the action of the drug in lowering blood-pressure. Strychnine can, to a certain extent, undo the effects of hydrastis on the blood-pressure. By direct inspection the small intestines are observed to be injected during the period of lowered blood-pressure, and to be exsanguinated when the blood-pressure is raised again. Hydrastis is believed thus to have a powerful effect on the vaso-motor apparatus, due to an excitation of the cerebral centers. During the first stage of the action of the drug the pulse is slowed. This delay may go on to complete arrest of the heart's action; it appears to be due to excitation of the central end of the vagus, because it does not occur when the pneumo-gastric nerves are divided. After the injection of large doses the slowing of the pulse, with syncope, is met with during the second stage, when the blood-pressure is diminished. In this stage previous division of the vagi exercises no influence on the frequency of the heart's action. All injections give rise to contraction of the womb, both of its body and of its horns; the maximum effect

is produced a short time after the injection; later on, however, manifest contractions do take place, chiefly of the cornua. The uterine contractions are synchronous with those of the blood-vessels.—*N. Y. Med. Jour.*

### Facial Erysipelas.

In simple cases of facial erysipelas, Prof. Bartholow has seen the most gratifying results from the employment of belladonna. Where there is much systemic depression quinine should be given in a pill, every four hours, composed of the following: Extract of belladonna, one quarter of a grain, and sulphate of quinine three grains. Locally, vaseline, lard, or a weak mercurial ointment, may be applied. This, with a cooling laxative, will generally complete the cure in a few days.—*Phila. Bulletin.*

### Thermo-cautery in the Treatment of Anal Fistule.

Dr. E. Farcey recommends (*Revue de Thérap.*) the thermo-cautery in the treatment of fistula in ano, and draws the following conclusions as to its advantages:

1. The operation is rapidly performed, and several fistulous tracts may be operated on at the same time.
2. Chloroform is unnecessary, and there is no danger of either primary or secondary hemorrhage, as by other methods.
3. By this method the vitality of the tissues is excited, and there is only moderate suppuration. The wound is protected from the direct influence of the air before granulation sets in.
4. There is no fever, no erysipelas, no phlegmous or purulent infection, no relapse, and the cicatrix is linear. It is therefore the best method for operating in these cases.—*Phila. Med. News*, July 5th.

### Parvules.

GREEN ISLAND, N. Y., 128 George St., March 10, 1883.

W. R. WARNER & Co.—*Gentlemen*.:—There is no doubt but that the need of the present time is for concentration and tastelessness in medicine. That you have achieved this in the case of *Parvules*, I can cheerfully bear witness.

As to efficiency, I have but to mention the effects obtained in

actual practice. When I wanted to purge the bowels without the drastic effect of strong purges, I gave two or three *Parvules Aloin*—the result being, in the case especially when the patient was a lady, a coming back for some more of those “little darlings.”

The result to be obtained is not to have them come back, but to cure the constipation. This I effected by giving two parvules podophyllin three times a day, with caution as to regularity in seeking stool. Results seen in two weeks. I think if you made but the one parvule, ergotine one-tenth, the benefit you would have done the profession would be incalculable. I have cured with thirty parvules, one every two hours, cases that have resisted large doses of Squibb's ergot, styptic tamponing, etc. Your iodide of arsenic parvule I would especially recommend in influenzas. I was led to its use through the recommendation of Dr. E. M. Hale, of Chicago, and must say I think one parvule ars. iod. every two hours will cure every case of hay fever, asthma, rose cold, or whatever fanciful title you choose to give it, only let there be sneezing, watery eyes and nose, and let said discharges be *excoriating*. Have also used it extensively in dry, squamous burning, itching skin eruptions. In spermatorrhea and general debility I have seen most excellent results from parvule phosphorus,  $\frac{1}{100}$ , combined with parvule strychnia,  $\frac{1}{100}$ ; dose, the two every three hours for about one week, then but twice a day for two weeks. Let those that decry phosphorus in these troubles try it as above recommended, and they will be surprised at the results. As yet I have had no opportunities of testing parvule phosphorous in albuminuria. As to parvules of cantharis, I must say I have cured incontinence of urine very speedily with them. One case I call to mind: a young lady of eighteen could not leave home over night on account of wetting the bed every night. I tried bella., causticum, strychnia. and the much-vaunted rhus aromatica; the habit continued. In my reading I found Warner's parvules cantharis recommended in such cases. I tried them, one every three hours; had a cure in four days. This I have confirmed by other cases. Of the aconite in fevers, bella. in same, hydrarg. bichlor. in syphilitic cephalgia, tannin in mucous rectal discharges, nucis vom. in dyspepsia, ipecac in nausea, I need not speak.

I will close by stating that if the profession will try parvules of arnica in the stiffness, not rheumatism, of those that have had a life of labor, they will be more than surprised at the results. On said reasoning I have been led to use it in over-excitation from prolonged use, as the hypertrophied heart of the oarsman, the enlarged muscles of the laborer. In case of sprains and contusions repair will be hastened by giving parvule of arnica internally, at the same time bathing parts with a diluted tincture.

Most respectfully,

R. KENNEDY, JR., M. D.

### **Mellier's Standard Buggy Case.**

Cort. F. Askren, M. D., of Corydon, Indiana, states: "Am using Mellier's Standard Buggy Case, and consider it the neatest, most durable and most convenient pattern that I have ever seen."

### **Shrinking Tonsils.**

Dr. Chisolm, when not allowed to amputate hypertrophied tonsils, shrinks them in the following manner: A fine piece of wire, roughened at the end, with a thin layer of absorbent cotton twisted upon it, is dipped in a saturated solution of chloride of zinc. This is plunged into a number of the follicles at each sitting. A very few applications will cause the gland to shrink. This method is much less painful than cauterizing the surface of the tonsil. Dr. Chisolm does not mention the galvano-cautery in his communication. In our opinion this would be a much neater, more efficient, and less painful means of attacking such hypertrophies through their follicles. However, as chloride of zinc is easier to procure than a galvano-cautery, Dr. C.'s method has much practical value.—*Virginia Med. Mo.*

### **Hay Asthma—Can it be Cured?**

Professor William Judkins, of Cincinnati, Ohio, in a paper published in the *Medical Record* under the above heading, cites the following case, which we are sure will prove of interest to our readers: Mrs. M., aged 28, mother of two children, the young-

est four and one-half months old. Had been subject to an annual attack of hay fever for fourteen years, and frequently with complications of a severe character. Last year she suffered from an attack of bronchitis during the latter part of the asthmatic stage that came near proving fatal. Convalescence slow. This case first came under my charge in 1880. The attack that year was aggravated by pregnancy. The only thing that gave any relief was milk punch, in the proportion of two ounces of whiskey to eight ounces of milk. The relief obtained from this was only temporary, when more would be administered; but at no time was intoxication produced, though the remedy was given for several days in succession. In 1881 a reputed hay fever resort, Oakland, Maryland, was tried for a part of the season, but no benefit was derived, the attack being fully as severe as at any previous time. 1882-83 were equally as bad; the complication of bronchitis spoken of coming on last year, which almost caused death. This year prophylactic treatment was commenced some two weeks before her expected attack, of valerianate of zinc one grain, and pill asafœdita two grains, combined in capsule, one at A. M. and P. M., as recommended by Dr. Morell McKenzie, of London. This disagreed with her stomach, and was discontinued for three days, and then again taken, with no bad effects. For five days after the usual time for the appearance of her dreaded affection all was serene. The night of the 20th difficulty of breathing, to a limited extent, set in. My attention had been called to a case of bronchial asthma, who obtained relief from the use of acid hydriotic, and I immediately ordered my patient to commence early the morning of the next day its use. The effect, in conjunction with counter-irritation in the shape of Rigollot's mustard leaves at the wrist-joints, was simply magical. Breathing became more and more easy as she continued the remedies. A thunder storm came up that night twelve hours after commencing the medicine, and for half an hour she was somewhat stuffed up, as she expressed it, but had a good night's rest. Ever since then she has been easy—now a week—but is exercising all precautionary measures against taking cold, for fear of a relapse.

I can truly say, that about every remedy suggested and

recommended from the time Bostock first wrote on the subject in 1819 had been tried, but nothing has ever given the sense of relief and comfort that this did. One more word and I am done: The form of administration was that of the syrup; a teaspoonful every hour or two until relief. If necessary, double the dose. The syrup prepared by R. W. Gardiner, Scheffelin & Co's chemist, was the special brand; though where that is not accessible, I imagine that the regular acid of the U. S. Dispensatory on a lump of sugar, three to five drops, would be equally efficient. The mustard leaves are applied as soon as the first dose is given. Since commencing the acid treatment, my brother, Dr. C. P. Judkins, has prescribed it in another case, that of a married lady who suffered intensely with the asthmatic symptoms, with perfect relief, that so far has been continuous, and, as in my own patient, bids fair to continue so. The capsules were discontinued when commencing the acid.—*New England Med. Monthly.*

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**The New Local Anæsthetic.**—By D. B. ST. JOHN ROOSA, M. D., LL.D.—Professor of Diseases of Eye and Ear, New York Post-Graduate School.

I have been using the chloride of cocaine, as a local anæsthetic, for the last ten days, in operations upon the eye, and in one case of neuralgia of the tympanum. The preparation employed was a two per cent. solution made by Mr. Foucar. In the first case the internal rectus muscle was divided. The subject was a young woman. She experienced no pain until the muscle was taken up by the hook, and then she cried out rather lustily, but she did not become at all unmanageable. In the second case I divided both external recti and brought forward the internal rectus. The cocaine was used in this case every five minutes for fifteen or twenty minutes before the operation, and three or four times during its performance. The patient was a young and healthy man, a clergyman by profession. He said the pain was inconsiderable, and I had no trouble during the operation from his movements. Indeed, he seemed to suffer very little.

On the 20th I extracted a cataractous lens, in its capsule without an iridectomy, while the eye was under the influence of the



new local anæsthetic. None of the stages of the operation caused anything but trifling pain. The eye remained steady and tractable to the end of the manipulations, and no accident occurred. The operation was witnessed by Dr. Vosburg, of this city, Dr. G. J. Bull, Dr. Ring and Dr. Tewksbury. October 21st I divided the internal rectus, and employed the cocoaine in the usual way, that is, two drops every five minutes for fifteen or twenty minutes before the operation, and once during it. The patient experienced considerable pain, and said she would take ether the next time.

As intimated above, I have used the drug locally—upon the membrana tympani—in one case of that rare disease, tympanic neuralgia. The patient said the pain was relieved in ten minutes after two instillations. I have used it for the operation of slitting up the canaliculi and probing the nasal duct, but as yet without any alleviation of the pain usually caused. Except in one case, dilation of the pupil has always been produced in my cases; but no other unpleasant symptoms.

Since writing the above I have performed two operations upon the eye, while under the influence of the muriate of cocoaine, with the most satisfactory results. In these cases a two per cent. solution was used, but it was instilled three to four drops at a time, every three minutes for fifteen minutes. In one of these last cases I divided the internal rectus of a boy of twelve years. He declared that the operation did not cause him greater pain than was produced by pinching the skin of his hand. The last case was one of division of both the external recti muscles in a man of about thirty-four years of age. He declared that the pain was of no consequence whatever, and talked freely with me while I was engaged upon his eye.—*N. Y. Med. Record.*

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#### **A Rapid Delivery.**

Two doctors of Midland, New York, writes Dr. D. B. Smiley of that place in the *Record*, recently delivered a parturient woman in fifteen minutes. The head was seized with the forceps, a towel was wound around the neck, and a long pull and a pull together was given, which resulted in the decapitation of the child. The body was then turned and delivered. The vagina

and perineum were badly torn, and the woman died on the next day. The cause of the death was given in the death certificate as "uterine paralysis." A coroner's jury sat on the case, and returned a verdict that "the death was caused by childbirth, superinduced by overprotracted labor, and a want of proper care anterior thereto, and that in some respects there was had unskilled practice upon the part of the attendant physicians in the case." One of the doctors took the woman's temperature with his finger, and the other used a "barometer." "Normal temperature," they said at the trial, "ranging somewhere between 70 and 140 degrees, being higher in our Southern States."—*Louisville Med. Journal.*

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**The Treatment of Sciatica by the Strong Galvanic Current.—**

By F. P. GIBNEY, M. D., Prof. Orthopedic Surg. in the N. Y. Polyclinic.

From the *Medical Record*, June 7, 1884:—If my own preference for galvanism stands out conspicuously, it is because I have been fortunate enough to ensure permanent relief to the greatest number of sufferers by this one agent, and because I have been able to bring about that relief in the shortest space of time. Next to galvanism, the thermo-cautery has served me best. Fowler's solution of arsenic has yielded an occasionally brilliant result. The hot-water douche, the faradic current, and the static electrical machine, are all familiar to me as agents that sometimes afford prompt and permanent relief.

Given a case of uncomplicated sciatica, acute or chronic, the treatment by the strong current, I am convinced, by clinical observation, will effect a cure in a short time. I am not referring specially to acute cases, but I have in mind those of long duration, wherein the exacerbations are frequent and very severe. The intermissions, we all know, are often marked by almost complete relief from suffering of any kind, while in many instances the pain is constant during the waking hours. There is always a dull, heavy pain, aggravated by exertion, by temporary excitement, and by exposure. During the exacerbations the pain may be excruciating. Sciatica which is symptomatic can often be recognized by a careful examination.

I wish, before going into the details of the treatment, to re-affirm that when rheumatism unquestionably stands in a causative relationship, the galvanic current, in my experience, only aggravates the pain, while the faradic or the static current will give decided relief.

The kind of cell that I have employed, and still employ, is the Leclanché cell, and I am forced to the conviction that the current from these elements is less painful, and exercises a more soothing influence on the nerve, than that from any cell with which I am acquainted. Not that there is no pain—far from it—but it is an endurable pain, and so mild compared with the sufferings induced by the neuralgia that it is borne with a kind of satisfaction. The idea that a Leclanché battery must be expensive prevents its general use.

The skin against which the sponges have been pressing is quite red, and occasionally presents a few small vesicles. The patient gets up, and begins to move the affected limb, finding to his delight that he can move it about with much greater ease.

I go on with the application daily for a week or ten days, finding my patient steadily improving, the paroxysms reduced to a minimum, and even when they do appear their force is insignificant. My aim in treatment is the same that I would aim to get in treating a case of epilepsy, viz., break up the paroxysms (fits). I usually am able to do this effectually in about a fortnight, and then I discharge the patient. Sometimes the treatment will extend over a period of six or eight weeks, but this is the exception, and generally argues for an error in the diagnosis or a faulty mode in applying the electricity.

To sum up then: 1st. A differential diagnosis should be made between a sciatica depending on a rheumatic diathesis and one of purely idiopathic origin. The former will yield to faradism or static electricity, and will be aggravated by galvanism. The latter will be relieved by galvanism, and aggravated by faradism. 2d. Daily applications of from ten to fifteen minutes each, care being taken to include the nerve in the current. 3d. The Leclanché elements give the best results. 4th. If no marked relief be obtained after a half-dozen applications, the diagnosis had better be carefully reviewed.

**The Globus Hystericus.**

Dr. Roth regards this symptom as due to a paræsthesia of the sympathetic. And as the pellitory root has been found useful in paralysis of the tongue and pharynx, the author was led to try it in globus. He gives from ten to twenty drops of the tincture of pyrethrum four times a day. He reports six cases in which he employed this remedy with satisfactory results.—*Centralblatt für Gynakologie*, May 3, 1884.

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**Varicocele—Intervenous Injections of Alcohol.**

Kranzfeld describes (*Varch. Vedom.*, No. 540, 1882) a simple and easy method of treating varicocele, which had been successfully practiced in seven patients by Dr. G. C. Dukhnovsky, of the Odessa Military Hospital. The method consists in injections of eighty-five to ninety per cent. alcohol into the subcutaneous cellular tissue surrounding the spermatic veins. The needle of a Pravaz's syringe is introduced under the skin at any point facing the dilated veins, and is brought, with the help of the operator's left hand, as nearly as possible to the diseased vessels; then the syringe is slowly emptied. The injection causes only moderate burning pain, lasting from half an hour to three hours. On the next day after the operation there appears a considerable, but almost painless swelling of the parts, which is at first soft, then becomes more tense. The injections are repeated at three or four days' intervals, from three to ten times, according to the demands of the case. Finally, the spermatic veins are transformed into thin, hard cords. In all the seven patients of Dr. Dukhnovsky cure was complete (at least the patients remain quite well as yet). The same method proved equally efficacious in two cases of dilated veins of the leg.—*London Medical Record*.

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**Sulphide of Calcium to Prevent Suppuration in Small-pox and Chicken-Pox.**

Surgeon-Major C. J. Peters, of the British army in India (*Indian Med. Gaz.*), relates a number of cases in which he succeeded in preventing the suppuration of the cutaneous lesions, and therefore the secondary fever, of small-pox, some years ago,

by the local use of a mixture of the pentasulphide and the hypsulphite of calcium (commonly called sulphide of calcium), prepared by boiling a quarter of a pound of quick-lime and half a pound of sulphur in five imperial pints of water until the liquid was reduced to three pints, when it was filtered and kept in glass-stoppered bottles. If ordinary well or river water is used, a white precipitate is liable to form in three or four days, while the solution loses its color and is no longer efficacious; it should therefore be freshly prepared, in quantities only sufficient for three or four days' use. It is applied to the affected parts two or three times a day, with a feather, taking care that none of it gets into the eyes. As a rule, the pocks thus treated did not suppurate, but withered in the course of three or four days. The author believes that the lotion acts by destroying the germs of the disease, preventing suppuration, and guarding against the complications that result from blood-poisoning. He would now combine its use with the internal employment of the drug.—*N. Y. Med. Jour.*, July 12th.

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# THE AMERICAN MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

**ART. LXX.—Pterygium.**—By PROF. O. A. PALMER, ST. LOUIS.

This is a vascular and fibrous growth caused by the conjunctiva and sub-conjunctival tissue becoming hypertrophied, so as to form a varicose excrescence of a triangular form, which will generally be seen at the inner or outer angle of the eye. In some rare cases the base of this triangular formation will be seen extending upward or downward. Its apex is toward the cornea and may pass just up to it, or it may grow upon the cornea as far as its center, but seldom does it extend beyond. Two or more pterygia may form on the same eye and prevent vision. This last condition has been termed panniculus. The blood-vessels in a pterygium pass toward its apex.

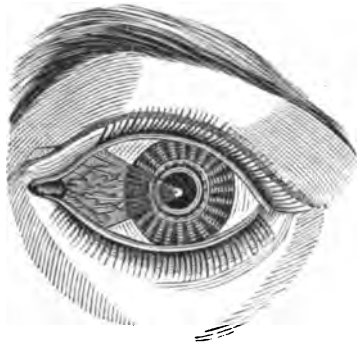


Fig. 1. Pterygium Tenue. (Guthrie.)  
pterygium crassum (see Fig. 2).

If the hypertrophy and vascularity are slight it is called pterygium tenue (see Fig. 1). On the other hand, if there is extensive hypertrophy and great vascularity, causing the part to look very red, especially when an attack of inflammation comes on, which is liable to at any time if irritated, it is termed

These growths are generally loosely connected with the sclerotic and cornea, so that they can be readily removed with a pair of forceps and scissors. They may however extend deep into the



Fig. 2. *Pterygium Crassum.*

tissues, requiring skillful management to properly remove them. In some cases the pterygium impedes the movements of the eye-ball to some extent. This affection occurs in adults, and is rarely seen in the young.

The above conditions must not be confounded with a small yellow spot that sometimes appears near the cornea that is termed pinguicula or pterygium

pingue, which is caused by hypertrophy of the sub-conjunctival tissue and thickening of the epithelium. It may be clipped off with the scissors if it causes any trouble.

The causes of pterygium are not fully understood. Anything that constantly irritates the conjunctiva may cause this disease. The most common causes are wind, dust, chemical irritants, heat and phlyctenular conjunctivitis. I think that Arlt has offered the most reasonable explanation of the formation of this affection. He thinks that it happens as follows: An ulcer forms on the margin of the cornea, which causes swelling of the adjacent parts of the conjunctiva, a fold of which comes into contact with the ulcer and becomes adhered to it. After the conjunctiva becomes fastened to the ulcer the serous infiltration in it becomes absorbed, causing a contraction and dragging of the membrane. If any irritant should continue to act upon the eye, this dragging will increase and the conjunctiva become more involved in the process. A pterygium is more liable to form as just described in old people, as the conjunctiva is often relaxed, allowing it to fall into the ulcer.

The conjunctival epithelium that is confined between the pterygium and the ulcer undergoes a degeneration (see Fig. 3).

A pterygium may remain on an eye for years, if it grows slowly, without causing any trouble. In some cases it may increase quite fast and require removal to save the vision.

This neoplastic formation grows like a wedge into the corneal tissue, and it should be removed before it extends to the center of the cornea, because it always leaves an opacity after its removal that obstructs vision. Where there is an opacity in front of the pupil an artificial pupil may be made.

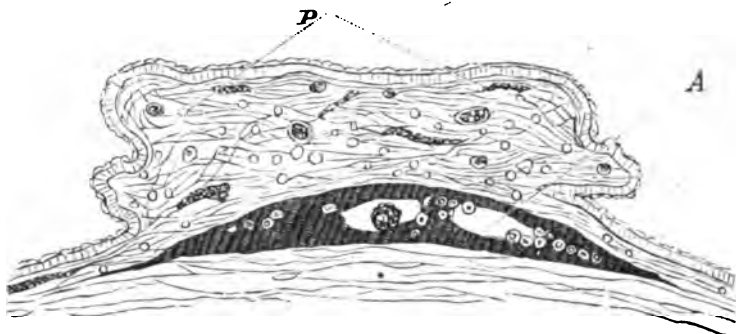


Fig. 3. Equatorial section through a Pterygium. P. Pterygium. A. Confined Conjunctival Epithelium undergoing degeneration.

Our homœopathic friends claim that this affection can be cured by medicine given internally. This is probably true, but I have never been able to do it. Dr. Norton says:

“Zinc (internally) has been more frequently employed and with greater satisfaction than any other remedy, especially in that form of pterygium which extends from the inner canthus (as it usually does), for the majority of the eye symptoms are found at the inner angle, as will be noticed by examination of the provings.”

Dr. A. J. Howe says:

“I have obliterated pterygium by attacking it with nitric acid. The end of a pencil of wood is dipped in the acid, then, when seemingly dry, it is applied to the vascular growth near the cornea, the cauterization extending clear across the morbid mass. This agent applied a few times, at intervals of three or four days, constricts the vessels, and even obliterates them. Absorption then carries away the part which is upon the cornea, and the part between the cicatrized line and the inner canthus gradually disappears.”

If the pterygium is small and mostly confined to the sclerotic, zinc, internally (if the growth extends from the inner canthus), or the nitric acid used as directed above, will prove successful in



many cases. The nitric acid should be applied near the cornea and on the same place every application. If the growth is large and encroaches upon the cornea it should be removed by an operation. Arlt's method of extision is as follows:

"While an assistant holds open the lids, the operator seizes the pterygium near the scleral border with a pair of reliable forceps, draws it away from the globe, and separates the corneal portion from the apex with a pair of scissors curved on the flat

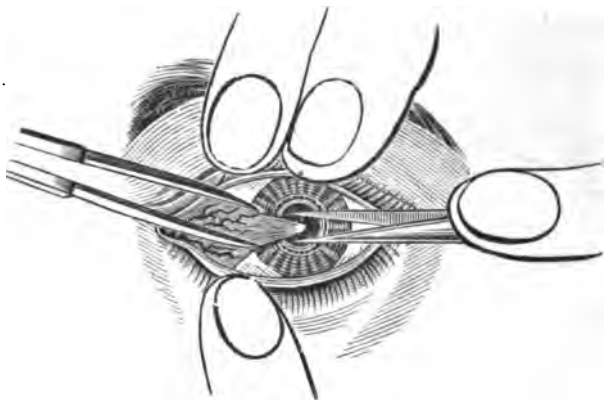


Fig. 4. Removing a Pterygium with Scissors.

(see Fig. 4), or, what is to be preferred, enters a pointed bistoury or cataract knife flat on the sclera, and cuts with a gentle course of the knife the corneal portion extending above the level of the sclerotica as evenly as possible from its sub-stratum. Then the separated portion of the pterygium is drawn up, and the conjunctiva dissected up with the scissors toward the palpebral fold, one or two lines distant from the corneal margin, keeping exactly to the edges of the pterygium, and close to the surface of the sclerotica. The two angles of the wound are then united by two converging incisions, which meet in front of the reflection, and thus enucleate the circumscribed pterygium. The wound is now nearly of a rhomboidal shape."

If I use Arlt's method to remove a large pterygium, I loosen the conjunctiva from the globe on the sides of the wound enough to enable the edges to be united by two or three sutures, which are removed in three or four days. The formation may be dis-

sected up as in Arlt's method for four or five lines toward the canthus, the conjunctiva loosened and the edges well stitched together. Then the pterygium is left to atrophy.

Transplantation can be practiced in the following manner: If we have a narrow growth, dissect it up as before, then make a longitudinal incision in the conjunctiva below the cornea; turn the pterygium down and stitch it there, where it soon atrophies. There is danger of eversion of the lid in transplanting a large growth.

After an operation the eye should be bandaged and compresses of cold water applied to keep down inflammation. The stitches should be removed in three or four days. The operation for ligation has nearly passed out of use, as it is quite painful and in most cases not satisfactory. Any operation may be followed by a return of the disease. Sometimes the corneal portion fails to be carried away. Another operation may be necessary, or medical treatment as directed above.

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**ART. LXXI. — Special Medical Legislation — Reply to Prof. E. Younkin's Criticisms Thereon.—BY JOHN KING, M. D.**

I have carefully perused Prof. E. Younkin's criticisms upon my address on "Special Medical Legislation," and, while I admire the able manner in which he attempts to sustain his own views, I find no argument that would cause me to retract one word in that address. Indeed, I think the address itself a sufficient answer to his criticisms, to which, if needs be, may be added my article upon this subject in the *Cincinnati Eclectic Medical Journal*, of Nov., 1884, and the one I expect to appear in the *Massachusetts Eclectic Medical Journal*, of the present month. Our old-school opponents could not desire a better article for the furtherance of their plans than the one written by a professing Eclectic, Prof. E. Younkin, M. D. I will add that, as heretofore, all criticisms upon my address have been in the same direction, and from parties in similar circumstances, all presenting a connatural character. I deem said address, together with my subsequent articles upon the subject, referred to above, sufficient answer to them and to any succeeding criticisms that

may appear, and shall make no further responses unless other and more important points are attacked.

I will state here that the address was prepared for the benefit of Eclectics and of Eclecticism, calling the attention of the former to the dangers surrounding them at the present time from proposed as well as consummated legislative action, and to the future of the latter should such action prove a success; I had no personal motive in view, because at my advanced age it can not be supposed that I could derive any benefit whatever from the success or unsuccess of said legislation; neither had I any desire to favor any particular college or colleges, nor to have their established usages disturbed, nor their graduates kept from entering into practice in a State, as was attempted in one State, through the—well, to use the mildest term—misrepresentation of the Eclectic member of its Board of Health; but solely for the welfare and progress of Eclecticism *in the present and in the time to come.*

In doing this I necessarily had to refer to various points that have been advanced in favor of legislative action, and among them this of education, my statements concerning which seem to have considerably disturbed the equilibrium of certain parties, who would so distort my language as to make it appear to those who have not seen it, that I would "throw my influence on the side of ignorance," losing sight entirely of my real object. In the address I have neither sustained nor decried ignorance, have not supported nor underestimated education, because my sole aim was to present *special medical legislation*, as granted to State Boards of Health, in its true light, as being *inimical* to the standing of citizens before the law, and especially to the *future existence of Eclecticism*. And if I have repeated some of my statements "three or four times" in the discourse, it was not because my "argument had wedged me into the paradox," but that I mistrusted some persons might have such sinister prejudices, or such inherent mental obliquity, as not to readily and fairly understand or grasp my position and my aim, or to endeavor by attacking my exemplifications to withdraw attention from the real point at issue, and the result has proven that my apprehensions were not groundless.

It has been a wonder to me what, and how, influences have been brought to bear upon the professors in colleges, supposed to be Eclectic, in the Western States, in which State Boards of Health exist, to cause them to take the stand they have against my address; for, although six months have passed since its delivery, the only parties thus far who have made objections to it, and in terms strongly supporting our old-school opponents, have been these very professors.

Upon this matter, I happen to know what Prof. Younkin calls "the conception of our forefathers," and it was invariably in advancing and supporting views in accordance with my own as to equality before the law, and as to constitutional rights; and, by maintaining such views, they succeeded in having laws of similar import to those now proposed repealed, and thus opened a field to reformers, in which up to this day they have made great progress. And, although this was in the "old days" when it was not considered unconstitutional for men to "practice medicine without education and without any legal sanction," I do not propose to enter into bondage at this late period of my life because of our "progressive spirit" in the present era, and which is wholly due to the free field bequeathed to us by our pioneers; what was right and proper in law for Eclecticism in their day is right and proper for it now. And I greatly prefer to stand with such true philanthropic spirits as that old-school professor, Dr. Benj. Rush (see my Address, p. 11); Prof. Wilder, M. D. (see pp. 12, 13); the great majority of genuine educated Eclectics; and the eminent and well-known philosopher, Prof. Thos. H. Huxley, who has stated: "A large number of people seem to be of the opinion that the State is bound to take care of the general public, and see that it is protected against incompetent persons and quacks. I do not take this view. I think it is much more wholesome for the public to take care of itself in this as in other matters."

It has seemed to me an unfair thing for Prof. Younkin to even hint that I upheld or favored ignorance, when I have especially acquiesced in the following statement (see Address, p. 9): "Yet we would think more highly of them if they would add medical knowledge to medical gifts. It is an ill recommenda-

tion for them to decry and neglect it. \* \* \* As a matter of principle we sustain their personal rights, but we do it shrinking, and with a deep sense of humiliation." Geology, botany, chemistry, astronomy, mathematics, etc., belong to the "learned professions," but I do not find that their adherents apply for, or desire, laws for their own protection, or to protect the people from pseudo-botanists, astronomers, etc. Besides, in the present subject of medical legislation, the people, who are by far the more directly and deeply interested, have made no complaints, and presented no petitions for enactments; these have originated solely with physicians who are interested to the extent of ostracism, dominant power, and excessive pecuniary benefit. Nor does the fact that our own National Association has, precipitately and unwittingly, passed a resolution in favor of State Boards make such a resolution unimpeachable, nor deprive a member of expressing his sentiments relative thereto.

Under the old regime of the past forty years medicine has made rapid progress, and "education and science" have been elevated "above par," so that our practice of to-day is vastly superior to that of forty years ago; hamper medicine with the legislation under consideration, and instead of progression we will have such retrogression that in another forty years Eclecticism, Homœopathy, etc., will be out of existence, a result which old-school men do not hesitate to publicly avow is their object (see my Address, p. 7, *Viator* and *Dr. Agnew*). Were medicine a *thorough art*, like that of a carpenter or of a watchmaker, there ought then to be some colorable reasons for supporting legislation of the kind referred to, should it become necessary. A carpenter can state positively what benefit he can be to your dilapidated house; a watchmaker, what he can do for your injured watch; but, in disease, the physician is apt to doubt, hesitate, fall back upon general principles; he frequently promises recovery, and the patient dies; he prognosticates fatality, and the patient recovers—as in pneumonia, typhoid fever, Asiatic cholera, malignant diphtheria, cancer, locomotor ataxia, Bright's disease, etc. I sincerely believe in such study and progress as will enable us to conquer these terrible maladies, but I do not believe we shall accomplish it by the enactment of laws, laws

without mercy, that favor the rich, and oppress the poor; that favor the highly educated, and persecute the less cultivated minds, making masters and tyrants of the former, and serfs of the latter; and which laws properly belong, not to a nation of free people, but to a people overcome and bound down by kingcraft and priestcraft.

Prof. Younkin objects to the "lower avocations" being placed on a level with the medical profession. He would not have them equal before the law. Why? Ah! his is a "learned profession," and has to deal with human life. I would ask the professor if the baker, the grocer and the butcher do not also deal with human life; whether bad bread, adulterated groceries, diseased meats, do not prove deleterious to health and life, the same as improper medical treatment or wrong medication, and how human life can be supported in many places without these parties? Also, whether the fact that his profession requires a more extended education than that of the pursuers of these "lower avocations" entitles it to restrictive and oppressive laws that have not been coerced upon *them*? For the unconstitutionality of such laws I refer to my Address, pp. 12, 13, Prof. Wilder.

As to that portion of the address in which I remark "we would have every medical statute in existence repealed," etc., and which Prof. Younkin considers "the issue," "the dangerous ground," I mean just what I state; it is a sentiment I have always upheld. When the butcher sells diseased meats, the grocer poisonous or injurious groceries, when the physician injures or destroys his patient by malpractice, when the thief steals, or the murderer takes life, then, and not until then, should the law step in and punish. And if justice fails, the fault lies in this law, or in the want of integrity in those who are required to execute it. For many years has Eclecticism prospered without State Boards of Health, and without restrictive, unconstitutional laws, and all the complaints that have been made have originated with our opponents, and for publicly avowed base purposes; but this affords no reason why innocent parties, whether poor and uncultivated or not, should be compelled to wear strait-jackets to keep others from becoming insane.

It is a well-known fact that medicine has been and is a vacillating profession, undergoing changes from time to time (see Address, p. 4); that it is indebted to the uneducated public (in medicine) for many of its best remedies; that the laryngoscope originated with one not versed in medicine; that one of our greatest millionaires commenced life poor and uncultivated; that many of our most eminent men in scientific and public affairs have been, and are, self-made men, rising from poverty and lack of mental cultivation to their high positions. Under legislative enactments similar to those under consideration these men would never have been known. And where persons will do wrong no law will effect a change, as has been demonstrated from the earliest period in history. Indeed, in my own belief, our present criminal laws do more towards making criminals than towards reforming them. In spite of law men will vend and commend nostrums, will purchase and sell liquors, will commit theft, rape and murder, will make churches places of rendezvous for evil plots, and even preachers, legislators, statesmen, and occasionally a physician, will do loose and immoral things; and, notwithstanding, the law has no constitutional power or right to punish, until these parties have committed the evil, the overt act.

Prof. Younkin amuses himself with my hypothetical case, "fixed for the occasion," exemplifying occurrences that have by no means been rare in this country, and his experience must have been very limited, indeed, if he never encountered such. As to uneducated practitioners ever telling of the evil done by them, the same question, and with equal pertinence, may be asked of the educated; and I do not wonder "that it sounds a little disgusting" to him. But all these matters have nothing to do with the *principle*, the real point at issue, viz., restrictive, unconstitutional legislation.

One more hypothetical case, "fixed for the occasion," and I will close, first remarking that the argument regarding a request for a loan of \$1,000 is by no means a relevant or parallel one:

*Question.* "Mr. Officer, who are these men you hold in custody?"

*Answer.* "They are physicians, sir; this one has offended

our State Board of Health by having his professional card in the newspapers; that one, by not having appeared before the Board to be examined, registered, and pay his fee for the same, previous to having entered into practice."

Q. "Why, I thought every man could advertise his business in this country?"

A. "Every one, except doctors. You see, at headquarters they call this unprofessional in their code of ethics, and the State Board of Health, having absolute power in these matters, sanctions such ethics."

Q. "Have either of these men injured any one?"

A. "Not that I know of. I understand that they have been teaching, in order to obtain funds to carry them through college, but their funds are now out, and they have had to do what they have, in spite of themselves, hoping to obtain a little money to float them along securely. They hold a diploma each from an Eclectic college."

Q. "A pretty close union of State and medicine in these medical laws, eh?"

A. "Why, sir, you see we have thirty odd States in this country, all acting under one United States Constitution; the legislatures of these States are apt to interpret this Constitution to suit their own views, so that that which is unconstitutional in one State may be constitutional in another, and so on."

Q. "In other words, we have over thirty little governments, each one acting as it pleases, under the same general Constitution. I see. Excuse me, but who is that person bowing to you?"

A. "One of the most notorious thieves in the country; and his companion is one of the most dangerous of men abroad; he has already killed four men, and would not hesitate to kill again on the least provocation."

Q. "Why don't you arrest them?"

A. "Arrest them! for what?"

Q. "Because, knowing them as you do, they might rob or kill somebody. They are certainly very dangerous men to be allowed running at large."

A. "But I dare not arrest them until they have committed one of such crimes, as they are now at liberty."



Q. Is that so? And yet these two physicians, who have not injured any one, who have neither stolen nor murdered, are arrested for punishment, the one for the criminal act of daring to select a business for himself without having first published his *business intentions*, and the other for availing himself of the same rights that all business persons have of at least publishing their cards."

A. "Well, sir, you must remember that medicine is a 'learned profession,' indeed, so learned that it has called to its aid legislative favor and power, so as to allow no rights or privileges to the poor and less learned in medicine than they, nor to those who, in their estimation, defy their ethics and '*ipse dixit*' as an absolute oracle. Their ordinances and their ethics are held superior to our Constitution, and no one is safe who, in medicine, attempts to avail himself of his rights under this Constitution, unless he at the same time meekly submits to their unconstitutional demands that are sanctioned by an unwise legislation, or else has such laws repealed or pronounced illegal."

Q. "And why is this?"

A. "Oh, they say, and publicly state, that they mean to elevate the profession by driving out all the 'irregulars,' it being, in their estimation, a crime to think differently from them in medical matters. They likewise inform us that at least in one State controlled by such a Board 'the medical profession is on a better basis to-day than it has ever been, and in that State better than in any other.'"

Q. "Undoubtedly, because they have full control, and do pretty much as they please in making and imposing ordinances, and in favoring or ostracising. It reminds one of the olden times, when people were slaughtered for opinion's sake, the slaughterers having their own way, reporting how favorably their cause was progressing, and how they were killing off their victims and the unbelievers. And yet, in the very State to which you allude, nostrums\* appear to flourish, and physicians continue to give certificates commending them!"

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\*Prof. King may have reference to the numerous compounds recommended in his great work on Chronic Diseases.—[EDITOR.]

**ART.—LXXII. — Gonorrheal Epididymitis. — BY E. YOUNKIN, M. D.**

Chief among the painful and serious difficulties that present in gonorrhea is the occurrence of epididymitis, or swelled testicle, which is a complication that may supervene early or late in the history of the disease. In the majority of instances the epididymitis is the result of the extension of the urethral inflammation along the ejaculatory ducts; but in some instances the inflammation of the epididymus seems to take place through the law of irradiation or associated sensation.

The first symptom which attracts the attention of the patient is an aching, occasionally of a neuralgic character, along the groin, more frequently on the left side. The vas deferens will be found usually enlarged, and will be tender on pressure. The testicle begins to increase in size, and the pain is followed by a dull ache and sense of weight. As the testicle increases in bulk the scrotum becomes purplish in color and exceedingly tender and painful.

The patient, when he walks, has a peculiar and characteristic stooping posture, stepping with the legs apart. The dragging of the heavy testicle upon the spermatic cord prevents the free return of blood, and hence serves to increase the tension until the patient really suffers from nausea and abdominal pain.

There is usually more or less febrile movement, and great mental excitement and anxiety. The gonorrheal discharge ceases to a greater or less degree during the epididymitis, but may again be re-established as the swelling subsides.

The inflammation usually terminates by resolution, though in occasional cases, in broken down constitutions, there is suppuration and abscess.

In the treatment of these cases, whatever has been done to the gonorrheal discharge by way of injections should be abandoned. The patient should take the recumbent posture, and the testicles be drawn well up to the pubis by a suspensory bandage. No local applications are specially required.

I recommend the following as the best course to pursue: R. Podophyllin, gr. ij; potassa bitart., ʒij. M. Ft. Chart xij. Sig. Take a powder every two hours, until thorough action upon the

bowels. The pain usually ceases upon two or three doses of the above, and as the bowels begin to move the inflammatory action recedes. Often no other remedy is required. Podophyllin has a specific action on this disease.

The above powders are repeated as often as occasion requires to keep the bowels open. In the meantime the following may be given to allay anxiety and give rest: *R.* Kali bromidum,  $\mathfrak{z}\text{ij}$ .; chloral hydrate,  $\mathfrak{z}\text{ij}$ .; tinct. gelsemium,  $\mathfrak{z}\text{ij}$ .; syrup simplex,  $\mathfrak{z}\text{ij}$ . *M. et S.* A teaspoonful to be taken every two or three hours.

Whatever you do, try podophyllin in epididymitis.

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**ART. LXXIII.—Uterine Examinations. — BY G. A. ROWE, M. D.**

The uterus is an organ of much medication at this age, and in order to assure to the physician a goodly amount of “Rudos” he needs to know how to make a good uterine examination. This not infrequently depends upon the attention to minor points in examinations, which quickly become major if overlooked. I shall endeavor to point out a few of these points in this communication, with the hope of enabling the unwary to guard against them.

One of the first lessons for the general practitioner as well as the specialist to learn is, to know a healthy uterus when he sees or feels it. It is not impossible to mistake a healthy for an unhealthy uterus, and that shall be my excuse for offering a brief description of the normal uterus before taking up the subject of examinations.

The normal virgin uterus measures about three inches in length, two inches in breadth, one inch in thickness, and weighs about an ounce and a half. It is suspended in the pelvic cavity, with the bladder and intestines in front and above, the rectum behind, and the ovaries, fallopian tubes, muscles and fascia laterally. The fundus looks towards the umbilicus, and the os towards the coccyx. Ordinarily it forms an angle of about 94 degrees with the vaginal outlet. This angle is not constant, but may vary according to the particular condition of the bowels and bladder. With bowels and bladder empty, the above angle

is assumed; but with one or the other more or less distended, the angle may increase or diminish. It has six ligaments, formed from reflections of peritoneum. The two posterior pass from the sides of the uterus to the rectum, and form the pouch of Douglas; the two anterior pass from the anterior part of the body and neck of the uterus to the posterior part of the bladder; whilst the two lateral pass from the sides of the uterus to the lateral walls of the pelvis. These ligaments serve to steady the organ in its place, but do not seem to do much towards supporting it. They can not be of much service in supporting or holding the organ fast, for they contain a small amount of elastic tissue and are not tense between their points of attachment. To the touch, the normal virgin os offers a considerable degree of elasticity, and can easily be recognized from the cup-like impression it assumes when pressed upon, and in which the tip of the finger rests. The cervix and body also offer resistance and show a degree of elasticity, but not so great as the os. To the sight, the nulliparous os presents a pale red color, a somewhat circular opening and a slight degree of moisture. The parous os presents a more spongy feeling than the nulliparous, the lips are thicker, the orifice transverse, the color of a deeper red and the secretion usually greater. Such is a very brief description of a healthy womb, and whilst much more could be said of it, it is probably sufficient to predicate the subject proper of uterine examinations.

In making uterine examinations, it is highly essential that you have method to them. I mean by that that you should have every thing in readiness—such as a cover for the patient, for unnecessary exposure is censurable; water, sponges, towels, instruments, lard, every thing else that you expect to use. It is humiliating to the patient to be compelled to lie in some fixed position while you run about searching for instruments. A digital examination should always be made before an instrumental. In making a digital examination the patient may be made to assume a number of attitudes. The position most natural, and the one in which the pelvic organs assume their natural anatomical relations, is the erect. With the patient standing you can detect flexions and prolapsions more readily

than in any other position. The sound can be introduced best with the patient on her feet. In diagnosing extra-uterine pregnancy—ovarian, fibroid and polypoid tumors, pelvic hæmatocele and pregnancy—the erect position is one of several that the patient should be made to assume.

Next in order of importance comes the reclining position, following which is the semi-prone and genu-pectoral or knee-chest positions, each of which has its advantages over the others. In a digital examination on the healthy female, the os and cervix can always be felt, so also can the rectum and bladder, and generally the broad ligaments; the pouch of Douglas can be explored, but the fundus and ovaries can never be reached. If an ovary is felt, it is sure to be prolapsed.

During the process of a digital examination patients are likely to complain of a good deal of pain from the examiner, but with firm, steady, continued pressure a very thorough examination can generally be made. In the bi-manual examination, with one hand on the abdomen and the other in the vagina, the pressure from both sources should be firm and steady. If the abdominal muscles be harshly pressed upon they will contract violently, and defeat any attempt at examination. It should be firm, even and gentle, no roughness whatsoever being permissible. It is the rough and uneducated hand that causes pain. In making digital examinations the gynecologist is justified in placing the patient in various positions to assist him in his diagnosis, and, carefully done, it is astonishing what a thorough knowledge can be obtained of the contents of the pelvic cavity.

In instrumental examinations a bed should never be used; far better place the patient on the floor or a table. I don't believe I ever made a thoroughly satisfactory examination on a bed in my life. A lounge is an abominable thing too. A gynecological chair, made expressly for the purpose, is the best apparatus that can be had, but in the absence of a chair use a table or the floor; anything that is firm and will not permit the hips to sink will answer for examination purposes until you can get a chair, which should be done as early as practicable.

The next good thing wanted is light. With the best gynecological chair in the world, you cannot make a good uterine exam-

ination without good light. How many physicians take their patients into a little back room, with one or no windows, and close the shutters to *keep people from looking in*. That not always sufficing, they will light the gas and examine by gas-light. Such, indeed, is very bad gynecological practice, and probably the best practice known to drive away patients. I would say, however, that artificial light is sometimes serviceable, but never unless it be reflected. With a drop-lamp and a small concave mirror, with a handle attached to it, placed behind the flame the ray of artificial light can be reflected through an instrument into the vagina with quite good effect. On a dark day, if the blinds be closed and the room darkened, a uterine examination can be made with reflected artificial light with very good results, but the first clear day that comes I should examine by sunlight.

The introduction of the speculum should be attended with a good deal of care. It might be well to remember that the anterior and posterior walls of the vagina approach each other and come quite in contact directly beyond the labia minora, maintaining their continuity until the os uteri is reached. It is thus seen that the vaginal passage is a transverse, slip-like aperture, instead of a circular orifice. This is an important piece of knowledge to bear in mind when we wish to introduce the speculum. If the bi-valve, tri-valve or Sims' speculum be used, the point should be introduced beyond the nymphæ, with the planes of the blades vertical or parallel with the labia: having passed beyond the nymphæ, rotate the instrument, so as to make it assume the position it takes when fully inserted, or in other words place the planes of the blades at right-angles to the labia. During the further introduction of the instrument, until it is fully inserted, the point should be made to hug the posterior vaginal wall, so that it will pass behind the os and lodge it in its cup-like extremity. Unless this precaution be taken, the end of the speculum is likely to strike against the os, and you will not only fail to get the os and cervix well to view, but the examination will be painful. The same rule holds good in withdrawing the instrument as in introducing it, and should never be lost sight of.

In all of these examinations, whether digital or instrumental, there is always a greater or lesser degree of *delicacy* manifested

by the patient, which should be carefully overcome by the physician. In order to do that effectually, first gain the *confidence* of the patient; after that, place her in the reclining position first, after which she can be easily persuaded to assume any other. It is this delicacy and shyness of the patient that lends gravity and dignity to the examination, and it must be profoundly respected by the physician. Even the most lowly have a degree of shyness about them that they expect the physician to respect.

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### ABSTRACTS.

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#### **Dystocia from Coiling of the Cord about the Neck of the Fœtus.**

Dr. Rachel, in the September number of the *American Journal of Obstetrics*, details five cases of this complication occurring in his own practice, and gives some reflections upon its occurrence and treatment. He cites a report on the subject made to the Obstetrical Society of Edinburgh, Jan. 1883, giving the means for diagnosis as follows:

“1. Retraction of the fœtal head during the pains, with sufficient uterine action and a roomy pelvis.

“2. Gradual cessation or long abeyance of the pains; and

“3. Insufficient head flexion, followed by over-rotation of the occiput, all pointed to coiling of the cord round the child's neck. The second factor above stated he believed to be the most important.

“For diagnosis of this condition when the head was in the pelvis, he held that it could be made out by digital examination when the pelvis was roomy. If he suspected its occurrence in the first stage, he would employ sedatives; in the second stage he would hasten the labor in the usual way, or cut the cord with a pair of probe-pointed scissors, and then employ forceps.”

The writer joins issue with the statement of the first point; it should be just the reverse, for the sentence as it stands applies to the normal conditions of labor, the head in normal labor, it is almost superfluous to mention, being retracted somewhat during a pain, while it descends, on its cessation, by the force of grav-

ity. This advance of the child during the pain, and retraction when the pain ceased, was noticeable in every one of Dr. Rachel's five cases, and is in accord with Cazeaux's observations.

Regarding the degree of embarrassment from a coiled cord, Dr. Rachel says that his measurements of the circumference of the neck in every child he has delivered for the past year give as the lowest figure six inches, and the highest a little over eight inches. Taking the lowest figures found, a threefold circle—which in reality requires, in face presentations, only two and a half circumferences—would give 15 inches; length from umbilicus to side of neck,  $6\frac{1}{2}$  inches =  $21\frac{1}{2}$  inches.

The remaining portion of the cord from the neck to the placenta is not taken in account, and be it ever so short, it would still add several inches to the calculated figure. He thinks that even the slightest constriction around the neck, coupled with the strongest traction short of rupture of the cord, would be unable to reduce the number of inches by one-half, that is, to eleven inches. In one of the writer's cases he gives the following figures: From umbilicus to neck, 8 inches; two full coils, 15 inches = 23 inches, which leaves for the length of cord from neck to placenta:  $29\frac{1}{2}$  — 23 =  $6\frac{1}{2}$  inches. This would about correspond to the distance from the vulva to the placenta, which was situated anteriorly to the left of the median line.

In another case the figures were: From umbilicus to neck,  $6\frac{1}{2}$  inches; one full circle, 6 inches =  $12\frac{1}{2}$  inches, which would leave for the length of cord from neck to placenta:  $16\frac{3}{4}$  —  $12\frac{1}{2}$  =  $4\frac{1}{2}$  inches.

The shortest cord ever measured (Cazeaux) was two inches long, and it was torn just before the expulsion of the child; but, of course, in this case the cord went directly from the umbilicus to the placenta. The shortest cord measured by the writer was ten inches, and there being no coil about the neck it gave little convenience during labor.

The writer's conclusions are summarized as follows:

*Diagnosis.*—1. Descent of the head during the pains, and retraction during the intervals.

2. Insufficient head flexion, and over-rotation of the occiput.

3. Variability of the position of the head within narrow limits.



4. Distressing pain at the seat of the placenta.
5. Discharge of some blood immediately after each pain.

If rigid perinæum, dorsal displacement of an arm or head and arm presentation can be excluded, the first symptom, especially when combined with some or all others given, points to true or accidental shortening of the cord.

*Treatment.*—1. Anæsthetization of the patient.

2. Extraction of the head by the forceps, and division of the cord to allow the delivery of the body. Or, in extreme cases,

3. Division of the cord within the vagina, followed by the application of the forceps.

The early division of the cord may be urgently required to save the life of the child, as is illustrated by Dr. Lusk's case, and by a case cited by Cazeaux, where it was delayed two hours after the birth of the head. It also militates against two other formidable accidents, namely inversion of the uterus and flooding.—*Boston Med. and Surg. Jour.*

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**Cocaine Hydrochlorate, the New Local Anæsthetic.**—BY PROF. C. R. AGNEW, M. D., NEW YORK.

In your last issue is a letter from our distinguished colleague, Dr. H. D. Noyes, in which there is an allusion to the new local anæsthetic, hydrochlorate of cocaine, as recently discovered and applied in Germany. We have to-day (Oct. 14, 1884) used the agent in our clinic at the College of Physicians and Surgeons, with most astonishing and satisfactory results. If its further use should prove to be equally satisfactory, we will be in possession of an agent for the prevention of suffering in ophthalmic operations of inestimable value.

It is difficult to avoid expressions of extreme enthusiasm in view of what we have to-day seen, and in view of what we may rationally expect from the further applications of the agent. The following cases, however, will be of more value than any abstract disquisition:

CASE. I.—A. E—, aged five; a case of convergent squint. A two per cent. solution of the hydrochlorate of cocaine was dropped upon the surface of each eye three times at intervals during a period of fifteen minutes, without any more irritation of the

eyes than would have been caused by drops of common water. At the end of twenty-five minutes he walked into the operating-theatre, laid down upon the operating chair, and allowed the spring speculum to be inserted between his eyelids, the scleral conjunctiva to be seized with fixation forceps and cut with scissors, and the rectus internus of the left eye to be divided, without complaining or showing any signs of suffering. When we had the internus tendon upon the strabismus hook, he said we were pulling something.

CASE II.—L. H. B., aged eleven; convergent squint. Solution applied as above, three times in fifteen minutes, at the end of which time he sat erect in a chair, resting his head upon the breast of an assistant, had the speculum inserted, scleral conjunctiva seized with fixation forceps, and the internal rectus divided in the usual manner, and when asked said the operation had given no pain.

CASE III.—Joseph McC—, aged six; convergent squint. Solution applied as above. In the delays of the clinic somewhat more than half an hour elapsed between the last instillation of the agent and the attempt to operate. The youngster seemed to be much frightened by the presence of the surgeon and students; would not submit to the proposed strabotomy, and ether had to be administered before it could be done. As his scleral conjunctiva was insensible to the contact of the fixation forceps fifteen minutes after the first instillation of the solution, it is a fair inference that the anæsthetic benumbing had passed away before he entered the operating-theatre. His nervous apprehension was so great that he would not have endured an operation, even though there might have been no real pain inflicted.

CASE IV.—James McG—, aged fifty-two, was sent to the clinic with the statement that he had a lacerated wound of his left eyeball involving the sclerotic. His dread of handling and of light was so great that we could get no view of the injured organ, as every attempt to inspect it was instantly followed by blepharo-spasm. A few drops of the solution were instilled, and in a few moments the patient walked into the operating-theatre with the injured eye open, and so free from irritability as to make an examination of it before the students quite easy.

CASE V.—J——, a physician, aged seventy-one, with double cataract, consulted us on Oct. 15th. His eyes were extremely sensitive to touch. A drop of the two per cent. solution was dropped upon the scleral conjunctiva, and in two minutes and a half the patient permitted me to apply the end of a forefinger to the scleral conjunctiva without wincing.

The solution used in all these cases was a two per cent. one, made with distilled water and with Merk's crystals of the hydrochlorate of cocaine.

It is only by extensive gathering of the clinical facts in regard to this new agent that we can reach just conclusions as to its value, and it is important that all observers should give the profession the benefit of their experience. The operations at the clinic alluded to above were done with the assistance of Dr. David Webster, Dr. W. Oliver Moore, Dr. Neil J. Hepburn, Dr. W. A. Pierrepont, and in the presence of the class.

William Oliver Moore, M. D., says: "Cocaine has been known since 1855, and is the active principle of the leaves of the *Erythroxylon coca*, a South American plant, the leaves of which resemble very much those of the tea plant. Many of the natives during hard work use these leaves, chewing them with some alkaline substance, going without food the entire day, but taking their food at night. It has long been known as a powerful stimulant. Cocaine hydrochlorate is of more recent origin, and the anæsthetic effects of it, when brushed or dropped upon mucous surfaces, has only been known about a year, it having been used in Germany first by the laryngologists to produce anæsthesia of the vocal cords and surrounding parts to facilitate manipulation. In this journal, page 417, in a letter from H. D. Noyes, of New York, an account is given of an experiment made with this drug before the Ophthalmological Congress at Heidelberg, where a solution of the cocaine hydrochlorate was dropped into the eye, the result being complete anæsthesia of the conjunctiva and cornea. Dr. Noyes is justly enthusiastic on the subject, and his letter caused me to obtain some of the drug for experimentation, the results being annexed.

A two per cent. aqueous solution of the cocaine hydrochlorate (Merk's) is procured, and dropped into the eye, two drops being

sufficient at first; the eye is then closed, and in five minutes two more are instilled; after five minutes more have elapsed, as a rule, anæsthesia is complete; if not, two more drops may be used. There is no pain attending the application.

The following experiments were made with very satisfactory results:

CASE I.—Chinaman with keratitis. Two drops of a two per cent. solution of the cocaine hydrochlorate were dropped into the left eye, then closed; after five minutes two more drops were used; at the end of fifteen minutes from the first instillation, I was able to grab the ocular conjunctiva with fixation forceps, and move the eye in any direction without pain or any disagreeable sensation. The ulcer of the cornea was also touched and gently scraped without sensation. In the right eye, where none of the drug had been used, the patient made loud demonstrations of complaint on my attempt to use the fixation forceps, as in the first instance; in short, there was a marked difference in the eyes. The anæsthetic effect in the right eye had entirely disappeared in thirty-two minutes from the beginning of the experiment.

CASE II.—Man, aged thirty-seven, with double pterygium. In one eye, the left, I put in two drops of the solution, and after waiting five minutes introduced between the lids two drops more; after another interval of five minutes two more were used.

Five minutes after the last drops were used the operation was begun, the pterygium being excised by scissors, the conjunctiva being freely cut, and the cut surfaces brought together by three sutures. This usually painful operation was done with the utmost ease, and without any painful sensation, the patient being surprised at its completion.

In the other eye the cocaine was not used, and the pain and suffering of the patient was, as usual, when ether is not used. The effect was very marked, and really very surprising. The anesthesia lasted twenty-five minutes.

CASE III.—Child, seven years old, having squint (strabismus convergens). Two drops of the solution were put into the squinting eye, and repeated as in the other cases till six drops in

all had been used during the space of fifteen minutes; at the end of which time the conjunctiva was sufficiently quiet to allow of the tenotomy of the internal rectus muscle, the usual operation being performed, the spring speculum being used. The little boy made no complaint of pain, and simply said the speculum stretched the lids, but was painless. That it is unusual for a child of this age to allow an operation of this sort to be done without ether is at least a marvel, and to show that the patient, though young, had not 'pure grit' the other eye (the one in which no cocaine had been used) was tried, and found to have the normal sensations.

I have tried it in other cases, yet this will suffice to bring it before the notice of the profession at once. Several of my confrères at the New York Eye and Ear Infirmary and elsewhere have used the same solution with good effect. Much more will be written on this subject, as it has a wide application, and we have yet to learn much of the properties of the alkaloid. The introducer of this new and truly magical preparation is a student in Vienna, Dr. Koller, *vide* Dr. Noyes' letter above referred to. I hope to say more of its practical value at another time."

James L. Minor, M. D., writes: "The last number of the *Record* contained a short account of the proceedings of the Heidelberg Ophthalmological Congress, by Dr. H. D. Noyes. He speaks of the anæsthetic effects of the muriate of cocaine, and of its probable future in ophthalmology.

I have had an opportunity of using the drug on several cases, and with such beneficial effect that I deem it important enough to lay before the readers of the *Record*.

I used a two per cent. solution, kindly furnished me by Dr. Moore, after the manner described by Dr. Noyes—viz: two drops were dropped into the conjunctival sac, and in ten minutes this was repeated, and the operation was performed ten minutes later.

CASE I.—A nervous boy, aged ten, upon whom I had operated for squint in the left eye three days before, presented himself on October 13th, with the conjunctival stitches still *in situ*. The solution of cocaine was instilled as above described. The cornea and the conjunctiva could be brushed with the end of the

finger, without causing any uncomfortable sensation. The speculum was introduced, the stitches removed, the conjunctiva was grasped with fixation forceps, and the globe was pulled around by them. The child complained of no pain, and when asked after it was over if he had been hurt, he replied in the negative. The other eye retained its sensibility, and it could not be handled in the least.

CASE II.—A woman, aged fifty, upon whom I had performed a preliminary iridectomy a few weeks before, came for the extraction of the cataract on October 13th. She was nervous, and very resentful of anything disagreeable or painful. When the iridectomy was performed, I attempted to do without an anæsthetic, but found it utterly impossible to even retain the speculum between the lids, and resorted to ether. I decided to use the cocaine, and dropped it in the eye, on which she shrank back and closed the eye as tight as possible—resenting even this much handling of the eye—for the solution is non-irritating to the conjunctiva. The second application was made without difficulty, and I could rub my finger over the conjunctiva and cornea without causing discomfort. The speculum was introduced, the conjunctiva was grasped with fixation forceps, and the globe thus pulled in position. A large section of the cornea was made, and cystotomy and delivery of the lens were easily accomplished. The patient complained of no pain, and after the operation, and on the following day, declared that she had not been hurt in the least. She was even surprised when told that the operation had been performed. Immediately after the operation I tested the sensibility of the conjunctiva of the other eye by lightly touching it with my finger. She shrank, and closed the eye so quickly and violently that I feared the other eye would suffer from the violent contraction of the lids. The case has progressed, so far, as satisfactorily as could be desired.

Should cocaine in the hands of others meet with the same success that I have attained, it will mark an era in ophthalmology unsurpassed by any in modern times. Its use in other branches of medicine and surgery may be almost as important as in ophthalmology.”—*Medical Record*.

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**Bicycle Riding and Perineal Pressure—Their Effect on the Young.—By S. A. K. STRAHAN, M. D.**

Cycling is doubtless a very healthy and pleasant mode of exercise when used in moderation, but now that tens of thousands of our boys ride bicycles daily, and "get up records" of thousands of miles in the year, it may not be out of place to point out some alarming evils which are likely to arise from this abuse of an otherwise healthy pastime. Some time ago it was pointed out that obscure nervous complaints would probably be developed by the continual jarring—the succession of shocks conveyed to the spinal column in bicycle riding; and this, I believe, has proved correct in many instances, notwithstanding "Arab Springs" and "rubber cushioned" machines. But it is to something much more serious than this that I would now call attention; it is to the amount of pressure brought to bear upon the perineum in growing boys, affecting directly the prostate, the muscles of the bulb, etc., and indirectly the whole generative system.

The bicycle saddle is now reduced to the smallest possible limit. It is just wide enough at its posterior part to cover the ischial tuberosities, and it tapers off quickly to a long, narrow horn in front, upon which the perineum rests. Let us consider the position of the body and limbs when the rider is mounted, and we can then appreciate the amount of body weight which must be thrown upon the perineum. In bicycle riding the legs are, when extended, vertical and the pelvis is flexed upon the thighs or rolled forward. This rolling forward of the pelvis is slight in easy riding, and very marked in fast riding and hill climbing. Now, when the body and pelvis are bent forward, the ischial tuberosities are raised from the saddle, and the whole weight of the body, save what is transmitted to the pedal by the then extended leg, is thrown upon the perineum. It is not much of the body's weight that is conveyed to the pedals. In easy riding on the level the weight of the limb from the hip down is sufficient to move the machine, and in hard riding the extra pressure is gained, not so much by throwing the body's weight upon the pedals, as by pulling upwards on the handlebar, and so further increasing the pressure of the body upon the

saddle. But even admitting that the pressure upon the perineum be only a few pounds, I hold that it must be injurious in the extreme, for were the pressure *nil* when riding upon a perfectly plane surface, it must at times be considerable when the machine is ridden over an unequal surface such as is afforded by our best country roads. Let those who talk of "the beautiful gliding motion of the bicycle" try to play a game of billiards after a ride of twenty miles, and then explain where all their "shakiness" comes from if their motion has been that of the skater. Now, this pressure on the perineum, whether it be continuous, and increased at every jolt, or whether it be made up of jolts alone and be *nil* in the almost imperceptible and irregular intervals, must be injurious, more especially to growing boys. It must cause irritation and congestion of the prostate and surrounding parts, tend to exhaust and atrophy the delicate muscles of the perineum, and also call attention to the organs of generation, and so lead to a great increase in masturbation in the timid, to early sexual indulgence in the more venturesome, and ultimately to early impotence in both.

We all know that among the Tartars horse-riding causes complete impotence in many of their strongest and most daring men, with wasting of the testes, dropping of the beard, and change in the pitch of the voice; and we know also that the introduction of the horse into the western world had quite as much or more to do with the extermination of the red man than had the almost simultaneous introduction of the European. In a southern tribe of Indians—that is, a horse-riding tribe—it is a marvel to find a squaw with more than two or three children, though they—both men and women—marry young. Impotence is said to be a common thing amongst them at thirty. The "disease of the Scythians" and its cause are sufficiently notorious.

If then these sad results are the outcome of immoderate equitation, where there are an extensive seat and a stable foot-rest, and where the adductor muscles of the thighs are used, what are we to look for where our boys of ten and upwards spend the greater part of their own time riding bicycles, and get over thousands of miles in the year, perched upon a saddle no bigger than the hand, which conveys every jolt of the machine to the



body; where the jolts are ten times more numerous than those experienced by the equestrian, and occurring without any approach to rhythm are conveyed unexpectedly to the person?

Some time ago Dr. B. W. Richardson, when advocating cycling as a healthy exercise, said, if I remember rightly, "that what made cycling so healthful an exercise was that in it you enjoyed all the muscular motion experienced in walking, with this advantage, that the bodily weight was taken off the feet and legs." This, of course, would be an advantage, if the bodily weight were better bestowed than it naturally is upon the feet; but, as it is on the bicycle, the transference of weight from the feet to the perineum cannot but be for the worse.

It must be understood that what is said in this article applies particularly to growing boys, who generally straddle the largest machine their length of leg permits, and so greatly increase the liability to perineal pressure. What cycling—for the saddle with the long, up-turned horn is now almost universally used for the tricycle too—will do towards the advance of those prostatic affections which so often render the closing years of life miserable time alone will tell.—*Lancet*.

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**The Eye and Ear.**—AURAL SERVICE OF SAMUEL SEXTON, M. D.

Some of the following cases of otalgia and inflammation of the ear were presented by Dr. Sexton to the physicians attending the aural clinical instruction given by the School of Ophthalmology, Otology, and Laryngology of the New York Eye and Ear Infirmary; others were taken from the clinical records. The experience of the clinic shows that among the poor earache is, in many instances, due to simple otalgia from dental caries. Sometimes it is found that even when otalgia is very severe indeed, no signs of hyperæmia or of inflammation are to be found in any part of the ear. Again, in certain chronic or acute inflammatory processes present in the ear, very great exasperation of the case is manifestly produced by the reflex agencies already alluded to.

These cases, divested of other details than those more particularly relating to the subject, are taken from the record book in the order in which they presented themselves, and may be said

to be fairly illustrative of the troubles under consideration. They do not, however, represent the entire number of cases of this kind seen during the period of time embraced between the first and last cases noted. Very often, it may be premised, a cure is effected in these cases by the extraction of diseased teeth.

CASE I.—Bertha S—, aged six (vol. ii., p. 2). *Otalgia*.—Came to the Infirmary June 13, 1883. For the past year has at times had pains in his ears, and two years ago one of them discharged. Several days ago pain began again in both ears, and she cannot sleep at night. *Examination* showed the left canal to contain a mass of cerumen; the right membrana tympani lustreless and hyperæmic. *Teeth*—Lower first and second molars on both sides mere shells. *Treatment*—She was recommended to have the shells extracted from the jaws, and was given small doses of the tincture of aconite root for the pains. *Remarks*—In this case the irritation from the carious teeth had doubtlessly been the cause of the collection of wax in the left canal and otalgia in the right ear.

CASE II.—Mary B—, aged twenty-one (vol. vii., p. 12). *Otalgia: Cerumen*.—Came to the Infirmary June 22, 1883. Complains of severe pains felt in left ear for two weeks, which seem to constantly get worse. Worse in open air, and at night so intense as to keep her awake. No tinnitus or discharge. *Examination*—Both canals filled with cerumen. *Teeth*—Both upper wisdom-teeth in a carious state. Both lower wisdom-teeth just cut. Owing to loss of some of the upper teeth, a vulcanite plate has been worn for four years past. *Remarks*—The irritation caused by dental caries and the cutting of the lower wisdom-teeth in the above cases was increased, no doubt, by the vulcanite plate worn.

CASE III.—Nora H—, aged forty (vol. vii., p. 44). *Otitis med. dif. Externa; Otalgia*.—Came to the Infirmary August 7, 1883. Has had headache for one year and a half, but never had aural trouble before. Has had pains in the right ear for the past two days, without discharge. *Examination*—The teeth are exceedingly bad, and the right external auditory canal is the seat of diffuse inflammation. *Treatment*—Calc. sulphide in one-half-grain doses every three or four hours; tincture of aconite root in small doses.

August 10th.—Swelling less; feels a little better. The patient probably became more free of pain, for she did not return.

CASE IV.—Henrietta G——, aged seven (vol. vii., p. 54). *Otalgia; Odontalgia*.—Came to the Infirmary August 14, 1883; with her own diagnosis—that her earache was due to toothache. *Examination*—The right membrana tympani is hyperæmic. *Teeth*—Both of the lower six-year molars are carious.

CASE V.—N. M——, aged 10, (vol. vii., p. 71). *Otalgia*.—Has had more or less deafness for five or six years past, and teachers have occasionally discovered the defect in hearing. Was obliged to leave school on account of otalgia. *Examination*—The right membrana tympani lustreless, with prominent folds due to defective development. The left canal contains considerable soft wax, obscuring view of membrana tympani. *Teeth*—All of the six-year molars are carious, as well as many of the other teeth. Hears a loud voice only in both ears. *Treatment*—Small doses of aconite were ordered, and the teeth were to be attended to.

CASE VI.—Amelia P——, aged twenty-two (vol. vii., p. 84). *Otalgia*.—Came to the Infirmary on September 18, 1883. Heretofore has never had any ear trouble, but for past two weeks has had a pain in left ear, intermittent in character, and worse at night when lying down. Had both upper canine teeth extracted and the upper right second molar, but this had no perceptible influence on the otalgia. The ear pain shoots over the brow and down the lower jaw. Has some laryngeal discomfort on account of pharyngitis, with tendency to ozena. Menstruation is normal. *Examination*—Right canal small, and membrana tympani hyperæmic. Canal contains small quantity of cerumen. The left ear in same condition as the right. *Teeth*—Had both upper second bicuspid removed previous to coming. In the lower jaw there remain in a carious state the two right inferior bicuspid and the first left bicuspid. Removal of the dead teeth recommended.

CASE VII.—Lizzie C——, aged twenty, Irish, seamstress. *Otalgia*.—Came to the clinic October 1, 1883, giving the following history: No specific, malarial, or rheumatic taint. Has slight pharyngitis, and has never suffered from dentalgia to any

great extent. During the past four years has had repeated attacks of earache on left side lasting for a day or a day and a half, unaccompanied by tinnitus or deafness. The present attack, for which she came for relief, began four weeks ago, and has continued constantly and quite severe to date. *Examination*—Teeth covered with tartar, several being carious in both the upper and the lower jaw. The auditory canals and tympanic membranes normal in appearance. *Treatment*—To have the dead teeth extracted, and tartar removed. October 4th, removal was followed by almost complete relief. October 7th, has been entirely free from pains since last note was made.

CASE VIII—Mary L——, aged twenty-four (vol. vii., p. 119). *Otalgia: Otitis externa circ. Acuta; Disease of Teeth.*—Came to Infirmary October 30, 1883. Takes cold easily. For a week so much pain in right ear that rest has been difficult, and in consequence she is very nervous. The right ear discharges a little, tinnitus is not complained of, and hearing is unaffected. Two years ago the ear pained without discharging. The teeth have ached a good deal. *Examination* of right ear showed that the meatus was closed by swollen tissues; hears a low voice in both ears. *Teeth*—Upper right first and second molars absent. Lower first right molar carious, and the third molar just cut. *Treatment*—Calc. sul., grs.  $\frac{1}{10}$  every two hours; hot poultices.

November 3d.—No redness; pains ceased on night of the 1st inst., when a discharge began; canal contains some pus. Treatment continued. Advised to have dead teeth removed and fillings put into such as had sufficiently healthy pulps.

It is noteworthy in the above case that, besides dental caries, there was the additional irritation caused by the rather late, and probably somewhat difficult, eruption of a wisdom-tooth on the same side with the affected ear, and it is not improbable that the previous otalgia experienced was due to this cause. That the furuncle was due to irritation in the nerves of the inferior maxillary branch seems most probable.

In commenting on this subject, Dr. Sexton drew attention to the frequent attendance of females suffering from aural trouble through sympathy of the nerves, and the comparative infrequency of the complaint among men; even in children, he

thought the greater number of otalgias occurred among females. In reference to the treatment of these cases, it was believed that since dentistry had become such a popular business, and dead and diseased teeth had been so carefully retained in the jaws through their influence, especially among the better to-do, nervous diseases about the head were becoming alarmingly common. The very general custom of wearing false teeth to the mouth, attached to vulcanite rubber, celluloid, and other plates, was also an evil of vast proportions. Indeed, he sometimes thought that the evil done through ill-advised dentistry was greater than the possible good arising from the work of the more capable dentists.—*Medical Record*.

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#### Oleate of Copper in Parasitic Diseases of the Skin.

Dr. F. Le Sieur Weir, of Philadelphia, in the *N. Y. Med. Jour.*, Aug. 30, 1884, directs attention to the use of oleate of copper in parasitic diseases of the skin, and says that *Epilation is rarely necessary* in this class of affections, where the oleate is employed. His observations have been confined to *Tinæ tonsurans*, *T. circinata*, *T. kerion*, *Eczema maginatum*—all caused by the same parasite; *T. sycosis*, *T. versicolor*, and *T. favosa*—each due to a separate parasite. He gives the following prescription to illustrate the average range of strength:

R. Cupri oleatis, ʒ i to vi; ung. petrolei, q. s. ad. ʒi. M. Cut off the hair close to the skin. Remove the scales, crust, scurf, or actual dirt. Apply the ointment, of suitable strength, twice daily. It is not necessary to wash the part, except at infrequent intervals. The comparative length of time to effect a cure is variable.—*Quarterly Epitome of Am. Prac. Med and Surg.*

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#### Epilepsy Originating from the Ear.

Küffer (*Deutsche Med. Zeitung*) reports the case of a strong girl, aged eighteen, who having put into her ear a "healing root," which gave rise to polypi and pus, became epileptic. The attacks continued after the extraction of the polypi and thorough cleansing, but ceased to recur soon after the medicinal root was extracted.—*Alien and Neurol.*

NOTE.—We had a similar case resulting from blowing alum in a suppurating ear.—EDITOR.

## *EDITORIAL.*

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### **Professional Blunders and Quackery.**

For some time past there has been going the rounds, in the regular medical journals, a story about two Eclectic physicians in New York who, during an obstetric maneuver, had pulled the head from the body of the child, and unnecessarily lacerated the mother in forcibly delivering the body. The mother finally died, so we are informed, and the decision was that the case had been badly managed.

Now, we have had only one side of this case, but take it for granted that a blunder was made, and that there was just ground for complaint—even censure. We deplore mistakes as much as anybody. We despise quackery with an inexpressible hatred; and, no matter if it is found in our own ranks, we are ready to expose it and administer the appropriate rebuke to the pretender. We have no excuses for ignorance in common things, and if our exchange editors, who are taking such an active part in exposing the practice of the two Eclectics referred to, will give us their names and addresses, we will give the matter a thorough investigation. If we find a cause for complaint, instead of trying to conceal their ignorance and malpractice, or attempting to give their maneuvers a professional cast, we will condemn them to the extent of their deserts.

In canvassing this matter we are puzzled to understand why it is that these dignified, high-toned Allopathic journals ever consent to have their pages dirtied by such reports as these about insignificant Eclectics. But it is true that if anything is found in an Allopathic journal referring to Eclectics or their practice, it is almost invariably something of this kind. Is it possible that among the thousands of Eclectics and a score or more of Eclectic journals in this country nothing valuable is ever found? All fair-minded men know better than this, and nothing but blind prejudice, controlled by a spirit of bigotry and intolerance, can

possibly lead anybody to such conclusions. This is all wrong; and until a more charitable, tolerant spirit is manifested on the part of the dominant school of medicine, a vigorous opposition will survive, even among the people; and this influence will be felt, too.

In our journals we aim to reprint the very best productions found in our exchanges, no matter whether they are Allopathic or Eclectic. Our journals will, upon careful examination, bear us out in this. Suppose we should omit everything of this kind, and select only the published and practiced mistakes of the dominant school, how different the showing would be! And the appearance would be very different if the Allopaths would give space to all our discoveries and successful practices, instead of heralding our mistakes only. The quacks are not all among the Eclectics—not at all. The Allopathic ranks are full of them. We meet them on every hand, and they are, generally, the worst impostors in the world. Bad blunders are made by Allopaths as well as by Eclectics; and their professors are not always infallible, as the following histories attest:

“On August 16, I was called to see Mrs. L. E., in consultation, and received the following history: She was about 25 years of age, and had one living child three years old. During the summer of 1883, she had a premature labor, followed by septic fever, from which she perfectly recovered.

“In the afternoon of August 8, after suppression of menstruation for three months, she was attacked with severe flooding, fainting, and labor-like pains. Dr. H., the medical attendant, was summoned, and found the os uteri dilated to the size of a quarter of a dollar. Later, in the evening, the hemorrhage and pains continuing, the vagina was tamponed. At midnight the tampon was removed, and the fetus escaped, leaving the placenta partially protruding from the os uteri. A portion of it was removed by traction, and as much as possible of the remainder was scraped away by means of a dull wire curette. August 10, the patient had a severe chill, followed by headache, fever and uterine pains. The curette was again used, with the result of bringing away a few shreddy pieces, and the uterus was then injected with Churchill's solution of iodine. From that time onward there was a daily chill, with strongly-marked febrile symptoms, and continuous pelvic pain and tenderness.

“On examination, I found general pelvic fullness, with heat

and great tenderness, especially in the right broad ligament. The uterus was bulky, and slightly movable; the os sufficiently open to admit the end of the fingers. Issuing from the latter was an offensive, thin, bloody discharge. She was given morphine, potassic bromide, quinia, etc., and had intra-uterine injections of carbolyzed water. After two or three days the discharge lost its offensive character, but the inflammatory and febrile manifestations continued.

"At this time, a brother of the patient, an accomplished physician arrived, and took personal charge of her, so that every detail of treatment was assiduously enforced.

"On the evening of the 22d I detected a soft spot in the right ligament, about one inch from the uterus. It was decided to introduce the aspirator needle at the place, with the hope of finding pus. This was accordingly done under antiseptic precautions. There came into the receiving-bottle about a dram and a half of serum, tinged with a little blood. Not feeling satisfied, I withdrew the needle, and re-introduced it, directing its point rather more toward the uterus, with the result of bringing away two or three drams of pure blood. The needle was then withdrawn, and the vagina syringed with hot carbolyzed water.

"In a few moments the nurse informed me that there was bleeding from the vagina, and on returning to the patient, I found that there had indeed been a loss of two or three ounces of blood. I at once proceeded to tampon the vagina, and the hemorrhage appeared to be checked. As the patient was being litted to a proper position in bed after the operation, I observed a peculiar ashy hue overspreading her face, which I attributed to a partial fainting, from the raising of her head.

"Having an important engagement in the country, and barely time to catch the train, I was obliged, very reluctantly, to leave the patient at this critical juncture in charge of her brother.

"The latter informed me by letter subsequently that the blood, bright and arterial in character, to the extent of *two quarts*, continued to flow, notwithstanding the presence of the tampon, which he tried to make firm, and that death ensued in less than an hour after the operation."—A. REEVES JACKSON, M. D., *Professor of Gynecology in the College of Physicians and Surgeons, of Chicago, in the Chicago Med. Exam.*

"On the 1st of January of the present year, at 6 o'clock in the morning, I received a summons to attend a case of confinement. The patient belonged to the clientèle of Dr. Bangs, but owing to the illness of one of his children with scarlatina, he had, from conscientious motives, requested the family to call upon me in case the labor should occur before the recovery of



his child should place him at liberty to resume his midwifery practice. The patient was a very beautiful young woman, a primipara, 23 years of age, to all appearance in the enjoyment of excellent health, and full of happiness in the prospect of becoming a mother. In the bright sunshine of the early morning there was nothing to suggest the tragedy with which the day closed. The examination made upon my arrival demonstrated the beginning of cervical dilatation, and a head presentation. The parts were, however, at that time excessively sensitive to the touch. The pains recurred at intervals of ten minutes. When I entered the room the patient was pacing the floor.

"Noticing that she did not, as is usual, sit down when her pains seized her, I questioned her as to her reasons, and was told in reply that she was determined that no sound from her lips should betray her sufferings, and that she found it easier to support the pangs of labor when in motion than when at rest. I likewise learned that with a view of carrying out her resolution, labor having begun late in the previous afternoon, in the place of going to bed she had kept upon her feet throughout the entire night. To my repeated suggestions that she would tire herself out, she assured me that I need not worry, as she felt no apprehensions about herself, and indeed her cheerful spirits and bright color seemed abundantly to support her hopeful words. The labor, however, dragged along slowly. The head dilated the cervical canal without the formation of the bag of waters, and, though the head was low in the pelvic cavity, at eleven o'clock the dilatation of the os externum had made but slight progress. I then told my patient that I thought, by a slight maneuver, I could shorten materially the duration of the labor. Owing to the sensitiveness of the genital canal, to which I have already referred, I gave her enough chloroform to dull sensation, but not enough to abolish consciousness. With two fingers I next lifted the head from the cervical walls, so as to allow the bag of waters to form in front of the child's head. As I had anticipated, dilatation speedily followed, and in about half an hour the head, freed from the cervix, rested on the perineal floor. At noon I suggested to my patient that she must be tired, and that as there was no longer any difficulty or danger from the use of forceps, I would advise her to allow me to hasten the birth of the child. To this she energetically answered "that she wished the glory of having her baby herself;" and as in reality she seemed to be making fair progress, I unfortunately acceded to her wishes.

"From this time on the patient remained in bed. Between 1 and 2 P. M., on going to the bedside to make an examination, I noticed that the color had left her face. Although straining en-

ergetically she manifested no signs of suffering. On asking her whether she was in pain, she replied in a dazed way: "I don't know; I suppose I am; I don't know whether I am or not." After hastily making preparations for possible post-partum hemorrhage, I once more gave chloroform, applied the forceps, and without difficulty extracted a child weighing between seven and eight pounds. The child was pallid and breathed feebly at first, but soon cried lustily. Before the forceps were applied meconium appeared at the vulva. The uterus was like an empty sac, and the anticipated hemorrhage was not long delayed after the removal of the placenta. A hot water vaginal douche quickly arrested the flow, but not until after a couple of pints of blood had been lost. Meantime the room had grown dark, and as the curtains were raised to enable me to see the face of the patient, it seemed as though the stamp of death was upon it. The extremities were cold, and at the wrist no pulse could be felt. Still consciousness was not lost, as the patient responded to questions, and manifested slight pain when brandy was injected under the skin. The respirations were quiet and undisturbed. Under the continued use of restoratives the color returned to the face. The patient began to complain of thirst, and begged for a goblet of water in place of the teaspoonful of fluid administered to her at short intervals. She likewise begged to be allowed to turn upon her side. In spite of the extreme feebleness of the radial pulse, the condition of the patient at 7 o'clock was such as to inspire me with the expectation of her recovery, so that, placing her in the hands of my friend Dr. Anderton, I went down stairs to dinner. In my absence she suddenly turned in bed. For a moment the heart ceased to beat, and, though she rallied for a time, by 7:30 P. M. I was called hastily to her room, arriving just in time to witness the final breath,

"In prefacing his remarks upon the class of cases to which the sad history I have related belongs, Winckel says: 'He who has once seen a puerperal woman happy and joyous in the expectation of soon leaving her couch, and then directly afterward has found her a corpse, will be able to comprehend the truth of Hervieux's words: 'In the twinkling of an eye all the calculations of prudence are set at naught; the most untiring vigilance, the best established rules of hygiene, all the varied resources and the ingenious combinations of therapeutics are shattered against an invisible rock.' And then Winckel adds: 'The only thing which remains for the physician to do after such a depressing occurrence is to seek out the cause of the sudden death.'

"But when the conscientious physician seeks for light concerning the cause of the tragedy in which he has played the part

of a powerless spectator, he will find but scanty guidance in the few brief lines devoted to the subject in the systematic treatises upon midwifery. He will learn in later works that, apart from such rare accidents as cerebral apoplexy or heart rupture, or fatal endings from hemorrhage, from eclampsia and acute septicæmia, the causes of sudden death are to be found in the entrance of air into the circulation and in pulmonary embolism; and to these, in older works, he will find the admission added that death may be due to exhaustion or shock; but in spite of the copious clinical material scattered through journals and society reports, there will be but little information concerning the pathology, the symptoms, and the mechanical conditions which respectively belong to the various processes to which death is attributable. For convenience of reference, but with no pretense at originality, I have thought it might be profitable to arrange in orderly sequence such facts bearing upon the question as have come to my notice in the inquiries which my own case has rendered it obligatory upon me to institute."—WILLIAM THOMPSON LUSK, M. D., of New York City, in *Journal of Amer. Med. Association*.

Now, these innocent, confiding and trusting patients were managed by allopaths of the first rank, and who can say that the treatment was judicious? Who can say that a different plan might not have saved the lives of both patients? Who can say that grievous blunders were not made in both cases, and that the medical attendants were not responsible for the fatal results?

In the first case, why did the medical attendant try to scrape away the placenta, by introducing a wire curette into the uterus, when there was no immediate necessity for such a procedure—no hemorrhage? Why didn't he let the placenta alone, instead of trying to scrape it away and wounding the uterus, causing chill and fever, which followed the traumatism? Why did he again resort to the curette on the 10th, as nothing but harm could result? Why was the patient further tortured with Churchill's solution of iodine? What business had Dr. Jackson to aspirate or undertake any cutting operation upon a woman whose blood was already poisoned, and especially when there was no assurance that any good could come from the operation? As the sequel proved, the operation only hastened the fatal issue. But it was all done by a man in high authority, and if he had stabbed the woman through the abdomen and uterus, with a view

to discharging some unknown humor or vice, and the woman had died at once, he could have made a true report of the case, and the mass of the profession dare not question the procedure. Away with such quackery and cowardice. I believe in holding men responsible for their practices, and if there was ever a case of culpable malpractice recorded in any medical work, the one above detailed will count one. No Eclectic can beat this, no matter how many heads he pulls off.

In the second case, there were no urgent symptoms calling for the use of chloroform, which is always liable to favor post-partum hemorrhage and syncope. Chloroform should be reserved for violent or extreme cases. But when instrumental delivery was decided upon, more chloroform was given. Why did not Prof. Lusk give ergot instead of chloroform? And, after delivery, why did he not rely upon the tampon and kneading the abdomen? Why did he risk injecting the vagina with water at the time he did, as he seems to have known that there was danger in the procedure? Possibly, when he has another case similar to this, he will omit chloroform and rely upon ergot and mangifera to anticipate the post-partum hemorrhage; and that he will use a tampon, instead of hot water in the vagina—we hope so, at least; and that he may use ammonia freely by the mouth and by inhalations; it is very much better than brandy. At all events, our readers will see that differences of opinion prevail, and that the killing does not all come from the same camp.

Finally, we are anxious to know who those Eclectics are that attracted so much attention. (?) When we learn this, we have a few extremely interesting cases of Professional Blunders to report—such as will compare with anything ever reported, and they are from the right source, too.

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**“Education the Exact Standard of Ethics.”**

One of the points taken in a paper read at the Philadelphia County Allopathic Medical Society, by Dr. Henry Leffman, was that education should be the exact standard of ethics. We commend this sentiment as a wholesome and just criterion for medical harmony in the future.

The day is past when foolishness is taken as the pivot on which the fellowship of medical men shall turn.

We accept the proposition, at the risk of our own head, and should we fail to reach the standard we will gracefully subside. Don't make the standard too high until after we run our sands of time, and then we shall aim to have our children better able to accomplish the feat. It always did seem to us like foolishness for a man, Allopathic, of poor education and of small calibre, to say to an intelligent and educated physician of another faith, "Sir, we don't recognize you." This always seemed to hurt like the sting of a hornet—minus the sting—when after having lost its weapon the insect goes away and dies.

In the words of Dr. Gihon, we can say "medical education is the true standard of medical ethics."

Now come, and let us have peace.

Y.

### **Medicated Gelatine and Glycerine Suppositories.**

For a complete list of suppositories for rectal, urethral, vaginal and uterine diseases, write to the Western Suppository Company, 91 Washington Street, Chicago, Ill. J. C. Wadleigh is the President and Treasurer, and may be addressed direct at above place and number.

### **Eclectics of New York.**

Our eclectic brethren of New York are arousing to assert and maintain their constitutional rights. Their State society met at Syracuse October 15th, with a good attendance. They have been greatly outdone by allopathic class legislation, but we believe it is within their power to move a repeal of these obnoxious laws. They need efficient organization and work.

Resolutions will amount to but little on paper; they must be of heart and action. The eclectics are sufficiently numerous in New York to command respect and honor. No grounds unreasonable, untenable, or unconstitutional should be taken, and with a strong pull and a pull altogether the victory will come.—Y.

### **The Official Count.—Several Counties yet to Hear From.**

"How stands Prof. Howe on Medical Legislation?"

Square-toed, sir; a few quotations reveal his sentiments.

"The Commonwealth has the right, and assumes the power,

to regulate avocations which may prove detrimental to public good; and it also has the ability to abate nuisances."

"Individuals may claim the lofty privilege of doing as they please; but if they select a vocation which proves damaging to their neighbors, and specifically unlawful, they incur the risk of punishment."

"We cannot get along well in populous communities without legal enactments to govern or regulate pursuits which seriously endanger the welfare of a community."

"Midwives should possess certificates of professional qualification from proper authorities; the unqualified should not be permitted to practice the obstetric art *as professionals*, but only in emergencies—necessity recognizing no law."

"If we have no ethics in regard to the practice of our profession, the unscrupulous could not be made to feel the worth of a well-earned reputation."

"Let no man practice medicine till he has a certificate of qualification—a diploma from a medical college of standing, or a permit from some other recognized authority."—(See *E. M. Journal*, p. 558-9.)

"We should favor well organized and efficient Boards of Health, and not be opposed to them, as some of us have been."—(*Transactions N. E. Association*, vol. xi., p. 50.) Y.

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### **Bromidia, Iodia and Papine.**

These preparations, so carefully and skillfully manufactured by Battle & Co., have now become standard remedies in all branches of the profession, and their convenience and utility only need to be hinted at to insure their constant employment by the busy practitioner.

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### **Editorial Briefs.**

—*Manaca* for rheumatism.

—*Oil of Cade* for eczema and for surgical dressings.

—*Viburnum prunifolium* for uterine hæmorrhage and threatened miscarriage.

—*The Next National* will be at Altoona, Pa., June 17th, 1885.

—Prof. Younkin promises an article for this journal, every month in 1885, on *Diseases of the Skin*. Now is your time to subscribe.

—*Bleaching Sponges*.—Immerse your sponges first, for a few minutes, in a mixture of one part muriatic acid and twenty parts of water. Wash out all the acid, and treat with a solution of one part permanganate of potassium to forty-five of water, allowing the sponge to remain in this until fully saturated. Transfer from this, without rinsing, to the following: Oxalic acid, one part; sulphuric acid, one part; water, fifty parts. Remove from this as soon as the permanganate is decomposed, and wash well. The sponge is now beautifully bleached, but to have it remain so treat it with a weak alkali. A solution of bicarbonate of soda, one to twenty parts, is recommended.

—John T. Sibley, M. D., Professor of Chemistry and Toxicology in the American Medical College, and Superintendent of the Missouri School for the Blind, is one of the Commission appointed by the Educational Department at Washington to prepare an exhibit of the work of the blind for the New Orleans Exposition.

—Dr. L. M. Borden, in the *Eastern Medical Journal*, writes under the heading "Eclecticism; where is it?" We would remind the doctor that every reform has its pilgrimage of forty years in the wilderness. *Ours* is soon out.

—*The Germ Theory of Disease* was the title of a paper by Dr. G. M. Sternberg before the American Public Health Association, which met this year in St. Louis. The doctor gave an interesting summary of the work of Koch, Pasteur and others, as well as his own researches, projected on a screen. He displayed a great variety of the lower organisms. The yellow fever microbe he had been unable to find. The tubercle bacillus was so dim that we were led to wonder whether the whole germ theory would not, sooner or later, go the way of the blue-glass and hot-water theories. Whilst interested in hearing the paper and seeing the display, we left, asking ourselves, Are these microbes the causes or only the results of disease? Now let some one answer.

**BOOK NOTICES.**

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**THE ELEMENTS OF PATHOLOGY.**—By Edward Rindfleisch, M. D. P. Blakiston, Son & Co., Phila., Pa. Price, \$2.00.

This is an excellent book on pathology, the author being in high standing; and then its revision by Prof. Jas. Tyson adds greatly to the worth of the work.

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**HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF SKIN DISEASES.**—By Arthur Van Harlingen, M. D. 282 pages, with two colored plates. Philadelphia: P. Blakiston, Son & Co. 1884. Cloth, \$1.75.

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**HOOPER'S PHYSICIAN'S VADE MECUM.** A Manual of the Principles and Practice of Physic; with an Outline of General Pathology, Therapeutics and Hygiene. Tenth Edition. Revised by William Augustus Guy, M. B. Cantab., F. R. S., F. R. C. P., late Professor of Forensic Medicine and Hygiene, King's College, London; Consulting Physician to King's College Hospital, etc., etc.; and John Harley, M. D., Lond., F. L. S., F. R. C. P.; Honorary Fellow of King's College, and late Physician to the London Fever Hospital; Lecturer on General Anatomy and Physiology at, and Physician to, St. Thomas's Hospital. Volume II. New York: William Wood & Co. 1884.

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**A TEXT-BOOK OF PRACTICAL MEDICINE.** Designed for the use of Students and Practitioners of Medicine.—By Alfred L. Loomis, M. D., LL.D., with 211 illustrations. 8vo, pp. 1102. Price \$6.00 and \$7.00. New York: Wm. Wood & Co. St. Louis: St. Louis Book and Stationery Co. 1884.

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**A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS.**—By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by Donald Mac Allister, M. A., M. B. Part II. Special Pathological Anatomy, Section I–III. Octavo, pp. 365. Sept. No. Wood's Library. New York: Wm. Wood & Co., 1884.



**A MANUAL OF OBSTETRICS.**—By Edward L. Partridge, M. D., with sixty Illustrations. Pp. 295. Price, \$1.00. New York: Wm. Wood & Co. St. Louis: St. Louis Book and Stat. Co., 1884.

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**MANUAL OF DISEASES OF THE THROAT AND NOSE**, Including the Pharynx, Larynx, Trachea, Esophagus, Nose and Nasopharynx.—By Morell Mackenzie, M. D., London, Consulting Physician to the Hospital for Diseases of the Throat, etc. Vol. II. Wm. Wood & Co., New York.

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**MALARIA AND MALARIAL DISEASES**—By George M. Sternberg, M. D., F. R. M. S. Octavo, pp. 329. July No. Wood's Library. New York: Wm. Wood & Co., 1884.

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**MEDICAL RHYMES.** A Collection of Rhymes of Ye Anciente Time, and Rhymes of the Modern Day; Rhymes grave and Rhymes mirthful; Rhymes anatomical, therapeutical and surgical; all sorts of Rhymes to interest, amuse and edify all sorts of followers of Esculapius. Selected and compiled from a variety of sources. — By Hugo Erichson, M. D., Professor of Neurology in the Quincy School of Medicine, Medical Department of the Chaddock College, etc. With an introduction by Prof. Willis P. King, M. D., Sedalia, Mo. Illustrated. St. Louis, Mo.: J. H. Chambers & Co. 1884.

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**THE MEDICAL RECORD VISITING LIST FOR 1885.** Now Ready. Two styles: The Annual List, with dates; The Perpetual List, without dates—both containing all the valuable features of previous publications of this sort, and embracing many new and useful ideas never before introduced into Physicians' Diaries.

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**PHYSICIAN'S VISITING LIST, 1885.** (Lindsay & Blakiston's.) Thirty-fourth Year of its Publication. Containing Calendar, List of Poisons and Antidotes, Dose Tables rewritten in accordance with the Sixth Revision of the U. S. Pharmacopœia, Marshall Hall's Ready Method in Asphyxia, Lists of New Remedies, Sylvester's Method for Producing Artificial Respiration, with illustrations; Diagram for Diagnosing Diseases of Heart, Lungs, etc., etc.

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**MISCELLANEOUS PARAGRAPHS.**

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**Mellin's Food for Infants and Invalids.**

A recent analysis by Mr. G. W. Wigner, the President of the Society of Public Analysts of England, throws considerable light, not only on the composition, but on the physiological action

of this popular preparation. It appears that it contains nearly 87 per cent. of dextrine, maltose, etc., soluble in cold water.

As Mr. Wigner points out, it is not a mere starch or sugar food, but a soluble preparation, containing those nitrogenous and phosphatic principles which contribute largely to the growth of bone and tissue in young children. Being thoroughly malted, it is not only readily digestible itself, but actually assists in the digestion of milk and other foods with which it is mixed. It must of necessity be of great value in the case of feeble infants who cannot digest ordinary starchy foods. Mr. Wigner's analysis has evidently been performed with great care, and is of much interest.—*British Medical Journal*, May 3, 1884.

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#### **Celerina.**

Celerina gives satisfaction in the treatment of impotency. It is the remedy *par excellence* to tone the nervous system in the varied conditions following sexual excesses, and the abuse of alcohol, opium and tobacco.

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#### **Apomorphia.**

I have on two or three occasions in these columns urged upon the profession the more frequent use of this remedy. I know not why it is, but for a drug that has so many good qualities to recommend it, and so few bad ones to retard its usefulness, apomorphia has made wonderfully little headway since its first introduction into the medical armory. It is a certain, safe and painless emetic, and a most valuable expectorant. In the hundreds of times that I have administered it hypodermically during the past ten or twelve years it has never once failed me, nor has it ever caused an ulcer at the point of injection. I can recall at least a

half dozen instances, were this the place to recite them, where I am convinced death would have occurred had it not been for apomorphia. It was absolutely necessary to empty the stomach immediately, and there was no other way by which this could be done (the stomach pump being out of the question at the time). The *Gazette degli Ospitali* gives the following formulæ for the exhibition of the remedy:

For hypodermic injection: Apomorphiæ hydrochloratis, jss grs; aquæ destillatæ, ijss 3; M. Solve. For an adult, to produce vomiting, use a Parvaz syringe full, and for children in proportion.

For internal administration, as an emetic, the following is recommended:

R—Apomorphiæ hydrochlor, grs. xij; aquæ dest, 3 xxij; glycerinæ puræ, m. lxxv; acid muriat., dil., m. v. Misce. Solve. To produce vomiting in an adult, give a teaspoonful every hour until the result is attained.

As a simple expectorant, the following will be found to answer every requirement:

R—Apomorphiæ hydrochlor, gr., ss; aquæ dest., 3 xxxj; syrupi simp, 3 j; acidi hydrochlor, dil., m. v. Misce. Solve. For adults the dose is a teaspoonful every two hours, children in proportion.

It may also be used in powder, as an expectorant, by mixing it thoroughly with pulverized white sugar, as follows: Muriate of apomorphia,  $\frac{1}{4}$  gr; sugar of milk, or pulverized white cane sugar, lxxx grs. Mix thoroughly and divide into twenty papers. Dose: One paper every two hours.—*National Druggist*.

### Surgical Instruments.

The attention of physicians is called to the large stock of Surgical Instruments kept by A. A. Mellier, 704 & 711 Washington Avenue, St. Louis, and the very low prices at which they are offered. A complete catalogue, or estimates for any special wants, furnished upon application.

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of Menorrhagia. It has produced better results so far than any other remedy that has been tried. I will report the case to our Medical Society after the patient has fully recovered."

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### **Pinus Canadensis, Kennedy's.**

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### **Ringworm.**

R. Thymol, 3j. to ij.; chloroform, 3j.; olive oil, 3iij. M. The thymol destroys the fungus, the oil prevents irritation and rapid evaporation, while the chloroform facilitates the absorption of the active ingredients by acting on the sebaceous glands.—*Med. World.*

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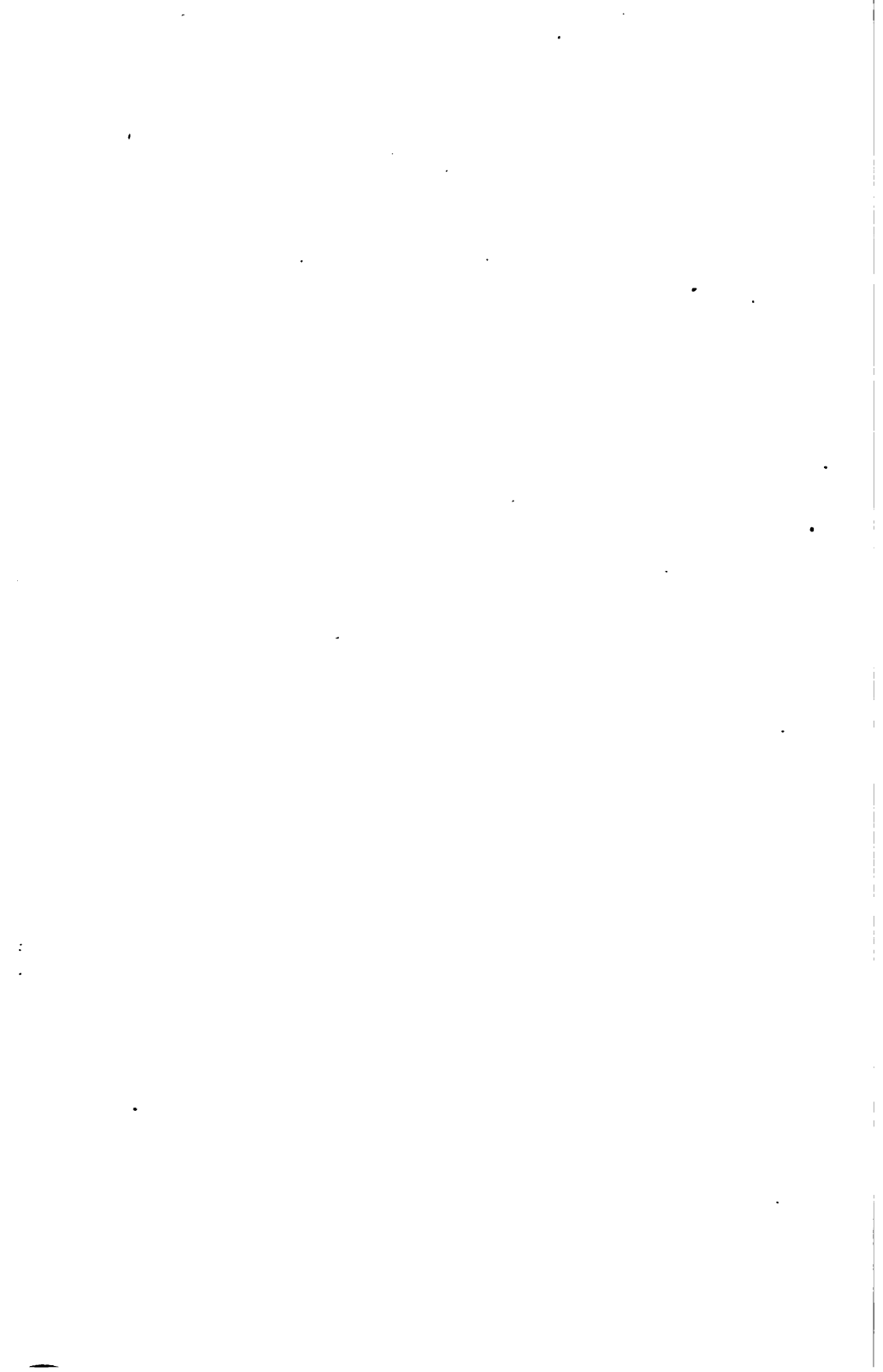


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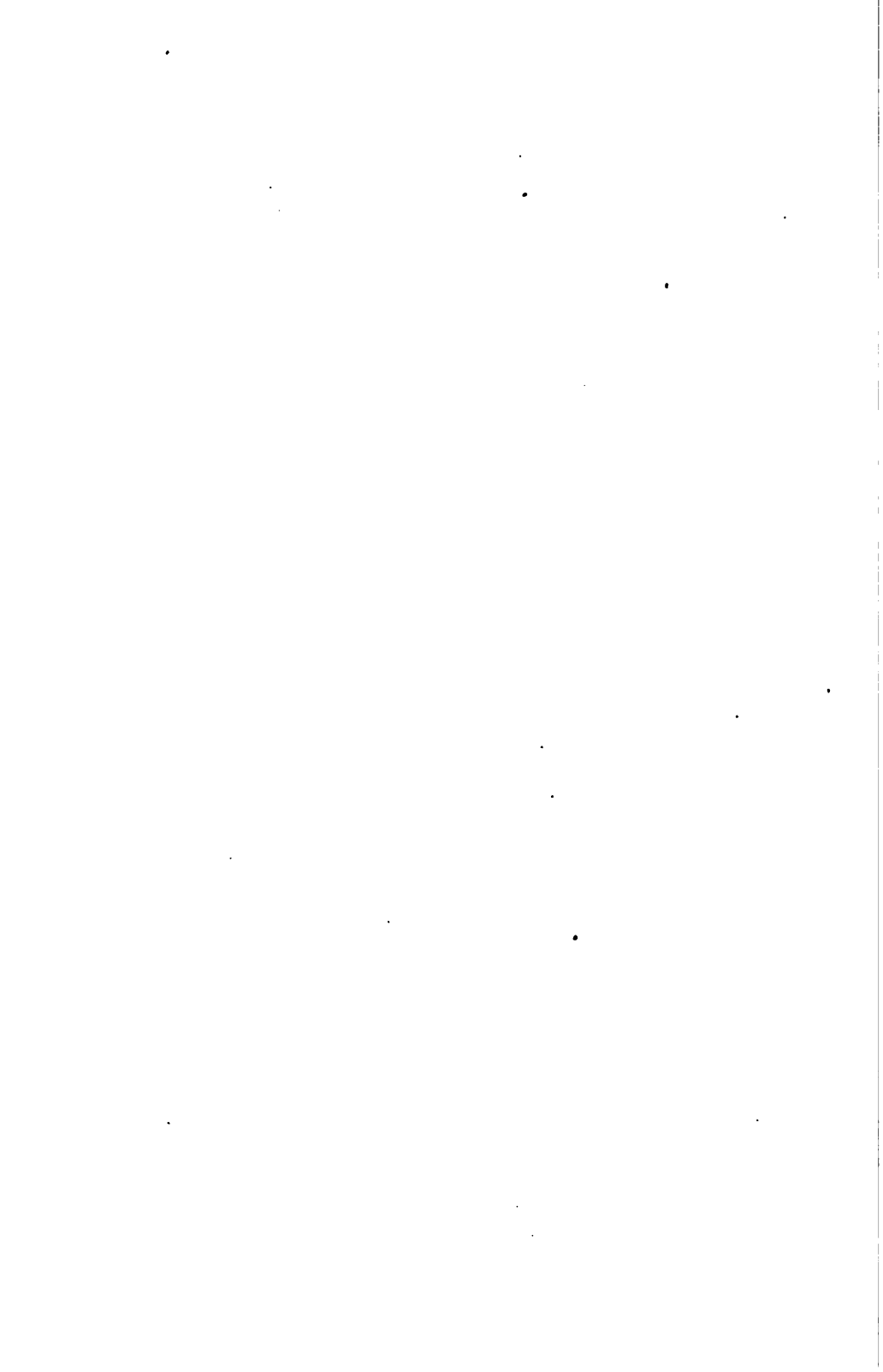
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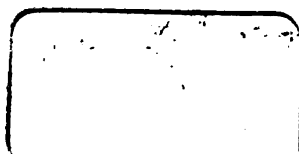








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